

ORD INFORMATION
RESOURCE CENTER, HCFA

MEDICARE / MEDICAID NURSING HOME INFORMATION

WASHINGTON



U.S. DEPARTMENT OF
HEALTH AND HUMAN SERVICES
HEALTH CARE FINANCING ADMINISTRATION

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U.S. Department of Health & Human Services

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The Health Care Financing Administration (HCFA) was established on March 9, 1977, to combine health financing and quality assurance programs into a single agency. HCFA is responsible for the Medicare program, Federal participation in the Medicaid program, the Peer Review Organization program, the survey and certification program, and a variety of other health care quality assurance programs.

The mission of HCFA is to ensure the effective administration of its programs in order to promote the timely delivery of appropriate, quality health care to over 56 million of the nation's aged, disabled and poor. The agency must also ensure that beneficiaries are aware of the services for which they are eligible, that those services are accessible and of high quality and that agency policies and actions promote efficiency and quality within the total health care delivery system.

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INTRODUCTION

This publication is another significant step in the efforts of the Health Care Financing Administration to provide information to the public in an understandable and usable form. We believe we have an obligation as the federal agency responsible for the Medicare and Medicaid programs to provide a broad range of information about the health care paid for through these programs. Furthermore, we believe that this information is helpful to consumers, health care professionals, researchers, and the health care industry, and we intend to continue our efforts to expand and improve the information we release.

This publication focuses on nursing homes. This is clearly an area of critical concern to many Medicare and Medicaid beneficiaries, their families, and the public in general. As such, I can think of no more important area where we need to provide information to help consumers make informed decisions and to supply the nation's nursing homes information on their performance.

This information is the product of extensive consultation with many individuals, including recognized experts in long term care, consumer advocates, representatives of the nursing home industry, state governments, physicians and nursing home residents and their families. We are grateful for their assistance with this publication. We have made a great effort to make it as clear and useful as possible.

The primary purpose of this information is to provide a solid basis for further, informal inquiry. It is neither the final, definitive word on nursing home performance, nor a guide to answer all questions on selection of a nursing home. Rather, it provides a rich source of background materials on federal and state enforcement programs and considerable information on individual nursing homes.

When properly understood and used, this information is quite useful; it can also be misleading if interpreted incorrectly. To use this information properly, you should read carefully the introductory material, the sections on uses and limitations, how to read the profiles, and the glossary. These sections will assist you in correctly interpreting and making the best use of the information.

Because we realize the limitations of the information, especially in making individual judgments on specific nursing homes, we have included a section entitled, "Further Considerations." This section is designed to help individuals find additional sources of information and ask the kinds of questions that will provide the best information to help make personal decisions on nursing homes. We think individuals who use this information as a source document will be better informed about health care issues they or their family may face. We trust that as a result, they will make more informed and thus better decisions.

William L. Roper, M.D.
Administrator

USES AND LIMITATIONS

Uses

The primary purpose of this report is to provide a ready source of understandable information about the population and performance of nursing homes. The information is most useful as a basis of inquiry, to assist in asking questions about individual facilities, trends and the enforcement process.

The information presented in this report is taken from the survey reports State surveyors fill out during their annual inspections of each nursing home that participates in Medicare and/or Medicaid. Copies of the full reports are available through the individual State survey agencies. The information describes what conditions were observed in the nursing home at the time of its most recent survey and it includes both:

- general information about a nursing home's population and the characteristics and care needs of its residents; and
- specific information about a nursing home's performance in terms of whether it was found to meet certain Federal requirements that provide some insight as to what kind of care the residents receive.

Making this information more accessible and understandable will benefit both the general public and the nursing home community. This type of information can help potential consumers first to ask knowledgeable questions of their physicians, nursing home representatives and long-term care ombudsmen and then to make informed decisions in the selection of a nursing home.

For example, the information will allow comparisons to be made among facilities as to the proportion of residents with severe skin problems, such as bed sores or other skin breakdowns. It is important to note, however, that while a high proportion of such residents might be indicative of poor quality care, it could also mean that the facility has special expertise in handling such problems and doctors refer their patients there. The consumer could then check related performance indicators (i.e., each resident receives care necessary to prevent skin breakdown; and each resident with a bed sore receives care necessary to promote the healing of the bed sore) to determine whether surveyors had identified any problems in this area and ask nursing home staff why so many residents were in need of special skin care. A subsequent section of this report (see "Further Considerations") provides an illustrative list of the types of questions that potential consumers might ask in the course of selecting a nursing home.

We expect that nursing homes, individually and as an industry, will find the information useful. It will provide information which will allow each facility to determine the health status of its residents in relation to other facilities in the State and the nation. It will also allow each facility to compare its compliance at the time of survey with the compliance of other nursing homes in the State and the nation. The information will also provide a valuable insight into the consistency of standards enforcement within a State and across the country.

Limitations

When properly understood and used, this information can be of significant value. However, responsible use of the information depends on a thorough understanding of its limitations.

First, any valid interpretation of this information must take into account the fact that the information comprises the individual judgments of more than 3,000 surveyors in 53 separate State survey agencies. Variations in the deficiency information may in part reflect differences among States and individual surveyors in how requirements are interpreted and applied, rather than genuine differences in facility performance. Similarly, care practices in the field may vary from area to area and differences in the information may reflect these variations as well.

Second, the deficiency findings are not a complete picture of the quality of care in a nursing home. Deficiency findings are a measure of compliance or non-compliance with a particular requirement, and the requirements are minimum standards that nursing homes must meet to participate in Medicare and/or Medicaid. Moreover, the information in each profile describes deficiency findings for only 32 out of more than 500 Federal regulatory requirements that are evaluated during a survey. The absence of a deficiency means that the home met the minimum standard at the time of survey, but the information cannot identify nursing homes that are providing outstanding quality care.

A third limitation stems from the periodic nature of a deficiency-based survey process. Findings are recorded in the course of the survey and thus reflect a “snapshot” of the conditions in the nursing home at that time. The information does not describe the home’s success or failure in taking prompt corrective action to remedy problems. Similarly, there is no guarantee that those items in compliance with Federal requirements at the time of survey have remained in compliance.

Finally, the information reflects neither the duration nor the severity of identified deficiencies. A problem may represent a one-time failure of a single staff person, or it may represent an ongoing failure of the facility to provide acceptable quality care.

DESCRIPTION OF THE SURVEY AND CERTIFICATION PROCESS

The process of qualifying nursing homes for participation in the Medicare and/or Medicaid programs is known as the survey and certification process. Nursing homes that are approved to take part in Medicare and/or Medicaid and therefore qualified to receive Federal and State funds are required to meet standards set by Federal regulations. These standards are the way the Federal and State governments make sure that nursing homes that receive public monies provide quality care to residents. The standards are developed by the Health Care Financing Administration (HCFA), Department of Health and Human Services (DHHS). The State survey agency in each State inspects (surveys) homes to make sure they meet health, safety, and quality standards. The surveyors are State employees who use Federal forms and standards. HCFA pays States for this survey activity. Information from these surveys is stored in a centralized computer system in Baltimore, Maryland, which is the headquarters of HCFA. The information published in this report was obtained from this system.

The State survey agencies are required to inspect nursing homes at least once a year and report their findings to State and Federal officials. During a survey, a team of surveyors tours a nursing home and looks at all areas of the nursing home that affect the quality of care that residents receive. The size and composition of survey teams, as well as the duration of surveys, vary in different States and in facilities of different sizes.

Surveyors observe how care is actually given to residents. Surveyors interview a sample of the residents and review their medical records. They evaluate the preparation of meals and eating assistance techniques. They check whether residents get prescribed medications in the proper dosage at the correct times. Surveyors also review the records of nursing homes, interview nursing home staff, and observe the home for cleanliness, comfort and safety. These are some examples of what surveyors do when they inspect a nursing home.

The surveyors record their findings on Federal forms. When the survey is completed, they meet with the nursing home officials to discuss their findings. If problems were found by the surveyors, the nursing home has to submit a written plan of correction telling how it plans to correct the problems. If a nursing home is found to have problems, it is given a reasonable amount of time to correct them. State survey agencies use various methods of follow-up review, including revisiting the home to assure that the needed correction has taken place.

If the problems are serious enough to threaten the health and safety of the residents and/or a nursing home fails to correct the problems, the home will not be allowed to continue to participate in the Medicare and/or Medicaid programs. Short of this action, HCFA and the States can also employ an array of other enforcement actions to bring about compliance with State and Federal requirements. Examples of possible actions include monetary fines, bans on new admissions, transfer of residents to other facilities, or placement of the facility in a receivership (i.e., temporary government-ordered management). A description of the certification and licensure program specific to this State is provided in the following section of this report.

SOURCES OF INFORMATION

There are many sources you can go to in order to find out about a particular nursing home or about nursing homes in general. The best sources of information will likely be the State Health Department, the local or State long-term care ombudsman program or agency on aging. The ombudsman programs were established under the Older Americans Act to assist nursing home residents and those who represent them. See the “State Government” section below for information on how to contact the State ombudsman program.

Many other agencies and organizations have information on homes in order to make referrals to the public. It may be necessary to obtain information from several organizations before you find the information that you need or want.

Public and General Sources

There are many public and general sources of information on nursing homes. Some of these are:

- Social services departments in local hospitals;
- Nursing home provider associations like the American Health Care Association or the American Association of Homes for the Aging;
- State nursing home associations;
- City or county welfare departments;
- Religious groups; and
- Better Business Bureaus, local consumer protection offices, and other consumer information groups.

Others who can offer valuable advice include physicians, social workers, clergymen and friends or relatives who have placed someone in a nursing home.

State Government

The following pages give a description of the State licensure and enforcement programs. They also contain information about State government offices that you can contact to obtain information about nursing homes and about the State long-term care ombudsman program.



STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
Olympia, Washington 98504-0095

OVERVIEW OF NURSING HOME LICENSURE PROGRAM

PURPOSE:

Evaluating resident care and services in long-term care facilities to be sure adequate quality of care and safety is maintained.

ORGANIZATION STRUCTURE:

The state agency designated to administer programs for the elderly is Aging and Adult Services Administration (AASA) of the Department of Social and Health Services. AASA has the responsibility for licensure and/or certification of 341 long-term care facilities (SNF, ICF and/or IMR). AASA's Nursing Home Services is responsible for applying federal and state laws, rules, regulations and standards of practice to these private, Medicare and/or Medicaid providers.

GENERAL PROCEDURE:

During unannounced visits, conducted as often as is required by regulation, surveyors use a uniform survey procedure to assess if residents' care meets federal and state requirements. The survey process includes observation of resident care, interviews with residents and staff, review of resident records and observation and evaluation of environmental and procedural systems.

Nursing Home Services also conducts and resolves complaint investigations and has responsibility for Medicaid Utilization Review.

Sanctions are imposed, based upon the nature of the deficiencies. More than one sanction may be imposed at the same time. Examples of sanctions that can be done are:

- Certification Termination...any number of federal conditions of participation are not met.
- Stop placement (denial of admissions and/or readmissions)...jeopardy to residents is found or provider has limited capacity to render adequate care.
- Summary license suspension (temporary emergency action taken within 24-48 hours)...clear danger to residents requiring immediate relocation.
- License revocation or suspension...health and safety of resident is at imminent/or serious risk indicating providers inability to furnish adequate and safe care and services.
- Receivership (operation of facility is court-ordered into receivership)...emergency exists affecting resident health and safety or operator has shown inability to maintain patient care standards.

RESOURCES AVAILABLE TO CONSUMERS

May 24, 1988

Nursing Home Services
Aging and Adult Services Administration
Department of Social and Health Services
M/S HB-11
Olympia, Washington 98504-0095
1-206-753-4465

Responsible for: Medicare and/or Medicaid certification and/or licensing of facilities that provide skilled nursing and/or intermediate care and care for the mentally retarded; complaint resolution; and Medicaid Utilization Review.

Long-Term Care Ombudsman
Legislative and Community Relations
Department of Social and Health Services
M/S OB 44-Y
Olympia, Washington 98504
1-800-562-6028

Investigates and resolves complaints concerning residents in long-term care facilities (nursing, boarding, and adult family homes). Work with and educate citizen organizations, resident and family councils, and other support groups.

Complaint Resolution Unit
Nursing Home Services
Aging and Adult Services Administration
Department of Social and Health Services
1-800-562-6078

Investigates all complaints for possible violations of state licensing or federal Medicare and/or Medicaid requirements in skilled nursing or intermediate care facilities or facilities for the mentally retarded.

Medicaid Fraud Control Unit
Office of Attorney General
M/S 27-12
Tacoma, Washington 98499

Investigates financial fraud, patient trust fund embezzlement and criminal patient abuse in any facility that accepts Medicaid funds for patient care.

Resources Available to Consumers
May 24, 1988

Central Files
Aging and Adult Services Administration
Department of Social and Health Services
M/S HB-11
623 - 8th Avenue SE
Olympia, Washington 98504-0095
1-206-586-2990

Nursing home survey results can be obtained for a nominal fee.

Aging and Adult Services Administration
Department of Social and Health Services
M/S HB-11
Olympia, Washington 98504-0095
1-206-753-6840

AASA's network of 13 Area Agencies on Aging makes a wide range of services available to older persons. These services help the elderly keep independent as long as possible, thus, preventing unnecessary or premature placement in nursing homes.

Federal Government

Some agencies of the Department of Health and Human Services (DHHS) also have information about nursing homes. These agencies are:

Office of the Inspector General (OIG)

The mission of the OIG is to maintain the integrity of DHHS' programs by investigating any reports of fraud, waste or abuse by doctors, hospitals or other providers of health care services such as nursing homes.

If you have reason to believe that a health care service provider is performing unnecessary or inappropriate services or is billing Medicare for services you did not receive, a toll-free Hot Line has been installed by the Department of Health and Human Services' Inspector General.

Toll Free Numbers

Outside Maryland: 1-(800) 368-5779

Inside Maryland: 1-(800) 638-3986

Note: Medicaid issues should first be referred to the appropriate State agency before contacting the OIG Hot Line. In most States, the State fraud and abuse units can be located through the State Office of the Attorney General.

Administration on Aging (AoA)

The mission of the AoA is to administer the programs and related provisions of the Older Americans Act in a manner which:

- 1) creates and supports a national network on aging;
- 2) develops and oversees a responsive system of services and opportunities to meet the needs of the elderly; and
- 3) serves as a visible advocate on behalf of the elderly in the entire nation.

The Regional AoA Offices listed below can help to put you in touch with the appropriate State or local authorities, depending on the nature of your inquiry or concern.

AoA Regional Offices

Regional Program Director, AoA
DHHS Region I
Room 2011
JFK Federal Building
Boston, MA 02203
(617) 565-1158

Regional Program Director, AoA
DHHS Region III
3535 Market Street
P.O. Box 13716
Philadelphia, PA 19101
(215) 596-0334

Regional Program Director, AoA
DHHS Region V
13th Floor
300 South Wacker Drive
Chicago, IL 60606
(312) 353-3141

Regional Program Director, AoA
DHHS Region VII
Room 384
601 East 12th Street
Kansas City, MO 64106
(816) 426-2955

Regional Program Director, AoA
DHHS Region IX
Room 480
Federal Office Building
50 United Nations Plaza
San Francisco, CA 94102
(415) 556-6003

Regional Program Director, AoA
DHHS Region II
Room 4149
26 Federal Plaza
New York, NY 10278
(212) 264-3472

Regional Program Director, AoA
DHHS Region IV
Suite 903
101 Marietta Tower
Atlanta, GA 30323
(404) 331-5900

Regional Program Director, AoA
DHHS Region VI
Room 1000
1200 Main Tower Building
Dallas, TX 75202
(214) 767-2971

Regional Program Director, AoA
DHHS Region VIII
Room 1185
Federal Office Building
1961 Stout Street
Denver, CO 80294
(303) 844-2951

Regional Program Director, AoA
DHHS Region X
The Third and Broad Building
2901 Third Avenue
Seattle, WA 98121
(206) 442-5341

Office for Civil Rights (OCR)

The mission of OCR is to enforce civil rights statutes that prohibit discrimination in DHHS' programs and to generate voluntary compliance. You may wish to contact an OCR office to report incidents of discrimination by a nursing home or to check on a facility's previous record in this regard.

OCR Regional Offices

Director, OCR
DHHS Region I
Room 2403
JFK Federal Building
Boston, MA 02203
(617) 565-1340

Director, OCR
DHHS Region III
Room 6300
3535 Market Street
P.O. Box 13716
Philadelphia, PA 19101
(215) 596-1262

Director, OCR
DHHS Region V
33rd Floor
300 South Wacker Drive
Chicago, IL 60606
(312) 353-2520

Director, OCR
DHHS Region VII
Room 248
601 East 12th Street
Kansas City, MO 64106
(816) 426-7277

Director, OCR
DHHS Region IX
Room 322
Federal Office Building
50 United Nations Plaza
San Francisco, CA 94102
(415) 556-8586

Director, OCR
DHHS Region II
Room 3312
26 Federal Plaza
New York, NY 10278
(212) 264-3313

Director, OCR
DHHS Region IV
Room 1502
101 Marietta Tower
Atlanta, GA 30323
(404) 331-2779

Director, OCR
DHHS Region VI
Room 1360
1200 Main Tower Building
Dallas, TX 75202
(214) 767-4056

Director, OCR
DHHS Region VIII
Room 844
Federal Office Building
1961 Stout Street
Denver, CO 80294
(303) 844-2024

Director, OCR
DHHS Region X
The Third and Broad Building
2901 Third Avenue
Seattle, WA 98121
(206) 442-0473

Health Care Financing Administration (HCFA)

The mission of HCFA is to administer the Medicare and Medicaid programs in a manner which promotes:

- 1) quality health care to eligible beneficiaries;
- 2) awareness of the services for which beneficiaries are eligible; and
- 3) efficiency and quality within the total health care delivery system.

Listed below are the HCFA offices responsible for overseeing the State survey and certification programs:

HCFA Regional Offices

Associate Regional Administrator
DHHS Region I, HCFA
Division of Health Standards and Quality
Room 1309
JFK Federal Building
Boston, MA 02203
(617) 565-1331

Associate Regional Administrator
DHHS Region III, HCFA
Division of Health Standards and Quality
3535 Market Street
P.O. Box 7760
Philadelphia, PA 19101
(215) 596-0997

Associate Regional Administrator
DHHS Region V, HCFA
Division of Health Standards and Quality
Room 941
175 West Jackson Boulevard
Chicago, IL 60604
(312) 353-9804

Associate Regional Administrator
DHHS Region VII, HCFA
Division of Health Standards and Quality
Room 284
601 East 12th Street
Kansas City, MO 64106
(816) 374-2408

Associate Regional Administrator
DHHS Region IX, HCFA
Division of Health Standards and Quality
100 Van Ness Avenue
San Francisco, CA 94102
(415) 556-0041

Associate Regional Administrator
DHHS Region II, HCFA
Division of Health Standards and Quality
Room 3821
26 Federal Plaza
New York, NY 10278
(212) 264-3219

Associate Regional Administrator
DHHS Region IV, HCFA
Division of Health Standards and Quality
Suite 601
101 Marietta Tower
Atlanta, GA 30323
(404) 331-2488

Associate Regional Administrator
DHHS Region VI, HCFA
Division of Health Standards and Quality
Room 2000
1200 Main Tower Building
Dallas, TX 75202
(214) 767-6301

Associate Regional Administrator
DHHS Region VIII, HCFA
Division of Health Standards and Quality
Room 1194
Federal Office Building
1961 Stout Street
Denver, CO 80294
(303) 844-4721

Associate Regional Administrator
DHHS Region X, HCFA
Division of Health Standards and Quality
2901 Third Avenue
Seattle, WA 98121
(206) 442-0511

If you wish to contact any of the DHHS agencies, the following list outlines which DHHS regional office has responsibility for your State.

Region I/Boston

Connecticut, Maine, Massachusetts,
New Hampshire, Rhode Island, and
Vermont

Region III/Philadelphia

Delaware, District of Columbia,
Maryland, Pennsylvania, Virginia,
and West Virginia

Region V/Chicago

Illinois, Indiana, Michigan,
Minnesota, Ohio, and Wisconsin

Region VII/Kansas City

Iowa, Kansas, Missouri, and
Nebraska

Region IX/San Francisco

Arizona, California, Hawaii,
Nevada, American Samoa, and Guam

Region II/New York

New Jersey, New York,
Puerto Rico, and
Virgin Islands

Region IV/Atlanta

Alabama, Florida, Georgia,
Kentucky, Mississippi,
North Carolina, South Carolina,
and Tennessee

Region VI/Dallas

Arkansas, Louisiana,
New Mexico, Oklahoma, and
Texas

Region VII/Denver

Colorado, Montana,
North Dakota, South Dakota,
Utah, and Wyoming

Region X/Seattle

Alaska, Idaho, Oregon,
and Washington

FURTHER CONSIDERATIONS

The information presented in this report can be an important source for potential nursing home consumers and their families to consult during the process of selecting a nursing home. It is also important that potential consumers and their families ask questions of their physicians, nursing home personnel and consumer representatives (such as local long-term care ombudsmen) to help guide them in selecting the best possible facility to meet their needs. The best way to find out about a nursing home is to take the time to visit the home in person, if possible, before you make your choice.

Listed below are some examples of the kinds of questions that potential nursing home consumers should ask before selecting a home and some things you should do to find out about the home during your visit. These questions are intended to augment the information contained in this report. Keep in mind that they are not a comprehensive list but an illustrative list of suggested issues that should be considered in choosing a nursing home.

General

- Find out who owns the home and whether it is approved for participation in the Medicare or Medicaid programs.
- Make an appointment to visit the home. Meet with the administrator, the director of nursing and the director of social services and ask them about the history of the home and the services it offers.
- Ask about the home's last survey, what problems were found and if and how they have been corrected. Ask whether the facility has been surveyed since the survey described in this report. You can ask to see the survey results.
- Ask whether the State has initiated any punitive actions against the home in the last 2 years, and if so, what actions were taken and how they were resolved. You may want to verify this information through other sources such as the State nursing home ombudsman.
- Ask about the home's admission policies and ask for a copy of any admission agreement that is required.
- Ask to see a copy of the home's residents' rights policy. Does the facility have any special programs/procedures to help educate residents and staff about their rights? You can observe for yourself during your visit how well the home is honoring these rights.
- Ask about the home's basic daily rate and what is included in the charges. Also ask how the home handles residents' personal funds, if such assistance is necessary.
- Find out about the home's visiting hours and what choices residents have as to the time they can get up, eat and go to bed.
- See if residents look well cared for and properly groomed. Do staff treat the residents with courtesy and respect? If the opportunity arises, chat with a resident or two to get their impressions.
- Find out if the home has an organized resident council or other type of resident group. How often does it meet and what are some of its activities and accomplishments? Also, is there an organized family council that family members can participate in?

Physical Environment

- Ask for a tour of the facility and try to see all the major areas of the home, including dining areas and some residents' rooms.
- Note whether the home is an attractive, clean and comfortable place to be. Is it well-lit and ventilated and free of potential health hazards such as obstacles in hallways or underfoot? Is it free from insects and rodents?
- Look at the residents' lounge and other common areas and see if they look comfortable and whether they are used by residents. Do residents have the opportunity to sit outdoors in comfortable, safe surroundings?
- Check toilet and bathing facilities and note whether they are clean, sanitary and reasonably free of odors. Are they easily accessible to handicapped residents?
- Note whether residents' rooms have windows and access to the corridor. Does each resident have a reading light, comfortable chair, sufficient closet space? How many people are in each room and are there privacy curtains?

Medical and Nursing Services

- Find out how medical care and direction is provided in the facility. Who is the medical director? Will a resident's personal physician be able to visit as needed, and cooperate with the medical director? What happens if hospital or emergency care is needed?
- Ask if the home specializes in providing any particular type of medical care. Be sure to inquire about how the home cares for residents who share your particular medical problems or care needs.
- Ask about the availability of specialized care to restore physical abilities lost due to illness or injury. Physical therapy, speech therapy and occupational therapy are examples of this type of specialized care.
- Ask how many registered nurses and licensed practical nurses are employed by the home and how many of each are on duty during days, evenings, nights and weekends. How many residents are under the care of each type of nurse?
- Ask how often a resident's medication schedule is reviewed for possible dosage reductions, adverse interactions or reactions, or expirations. Who is accountable for pharmaceutical services?
- Ask how the home provides dental care to its residents.

Food

- Ask at what times meals are served and whether snacks are available. Ask to see the menus for a week. Are substitutions readily available?
- Observe how food is served. Does it look appetizing? Do residents appear to be enjoying their meals?

Social Services and Activities

- Ask to see the schedule of activities for a week. Does the facility have a varied activities program suitable for residents with different interests and capabilities?
- Ask if there is an activities coordinator and see if there is suitable space available for activities.
- Find out whether the facility has a full-time social services director and ask what social services and mental health and other counseling services are available to residents and their families. Does the facility have specialized services/programs available for residents with special disorders and disabilities, including Alzheimer's Disease?

GLOSSARY OF TERMS

Resident Characteristics and Facility Performance Indicators

This glossary contains terms used to describe certain common features or characteristics of people who enter nursing facilities and common features or indicators of how well the facility provides quality care.

Bed Sore. A bed sore is an open sore that occurs more often to a resident with little muscle tissue or fat and who remains in one position for a long period of time. A bed sore may form on bony areas, such as at the base of the spine, heels, and ankles. Other names for a bed sore are “pressure sore” or “decubitus.”

Catheter. See **Urinary Catheter.**

Colostomy or Ileostomy. A resident who has serious intestinal difficulties may have surgery which creates an artificial opening at the abdomen for bowel movements. Colostomy or ileostomy care involves keeping the skin around the colostomy or ileostomy clean and free from sores. For a resident who wears a bag to collect bowel movements, care also involves emptying the bag regularly and keeping the bag free of odor.

Fluids Supplied Through Tubes. A resident who cannot eat enough food to stay healthy may receive nourishment in the form of fluids prescribed by a physician. These fluids are usually given by inserting a needle or a tube into a vein. Care involves making sure that the needle or tube stays free of germs and that it stays in the vein.

Incompetent. A resident who cannot make decisions because of impairments in mental ability may be called incompetent. This is often a legal term meaning a court has decided that the person cannot make decisions, but it is also used as a descriptive term.

Injections. Medicine given by inserting a needle into muscle or tissue.

Isolation Techniques. These are methods to ensure that infection does not spread from one part of a resident’s body to another, or from one resident to another.

Rehabilitative Bowel and Bladder Training. A resident with difficulty controlling bowel or bladder may participate in a program to learn to control these functions.

Respiratory Care. A resident who has trouble breathing may need assistance which may be given by breathing in extra oxygen or receiving medication. Respiratory care involves giving the amount of oxygen or medication in the way and in the amount that the doctor has ordered.

Restraints. Residents who need to be protected from hurting themselves or others may need to be restrained. One type of restraint is physical. For example, to keep a resident from falling out of a wheelchair a physician may prescribe a cloth protective device or a vest. Drugs (medications) may also be provided to treat and modify a resident’s physically aggressive behavior. However, medications must be prescribed in doses and for a length of time necessary to treat symptoms.

Skin Breakdown. When a resident remains in one position for a long period of time, his or her skin may be damaged. One of the first signals that this is happening is that reddened areas appear on the places where the resident has placed pressure from sitting in a chair or lying in bed. These reddened areas do not go away even after the positioning of the resident has been changed. If special care is not given, bed sores may develop. See **Bed Sore**.

Suctioning. A resident who is unable to cough up fluids or mucus in the air passages may have a tube inserted into the air passages to suck the fluids out. Care involves making sure that the fluids are removed as often as necessary and that the tube used is always free of germs.

Tracheotomy Care. A resident who has difficulty breathing may have an operation which makes a breathing passage from the base of the neck into the lungs. This opening is called a tracheotomy. Care involves keeping the breathing passage clean and free from congestion.

Transferring. This term has two meanings. First, it is used to describe the extent to which a resident is dependent on others to move from bed to chair, bed to toilet, chair to bath, etc. Transferring is also used to describe moving from one section of a facility to another or from one facility to another.

Urinary Catheter. A tube inserted into the bladder to remove urine.

HOW TO READ THE INFORMATION

Before reading the individual nursing home profiles that make up this report, it would be helpful to understand the format and presentation of the information in each profile.

EXAMPLE

NURSING HOME PROFILE Happy Valley Nursing Home

Street Address:		City and State:	
Participation:	# of Beds:	Type of Ownership:	Survey Date:

The first 3 lines of the profile contain basic information about each nursing home. Following is an explanation of the items included:

Name: Self-explanatory
Street Address: Self-explanatory
City and State: Self-explanatory

Participation: The information in this block indicates whether the nursing home participates in the Medicare program, the Medicaid program, or both programs. In addition, this block identifies the level of care that the nursing home provides. These include:

Skilled Nursing Facility (SNF) — A nursing home which provides the level of care that comes closest to hospital care with 24-hour nursing services. Regular medical supervision and rehabilitation therapy are also provided. Generally, a skilled nursing facility cares for convalescent patients and those with long-term illnesses.

Intermediate Care Facility (ICF) — A nursing home which provides less extensive health related care and services. It has regular nursing service, but not around the clock. Most intermediate care facilities carry on rehabilitation programs, with an emphasis on personal care and social services. Mainly, these homes serve people who are not fully capable of living by themselves, yet are not necessarily ill enough to need 24-hour nursing care.

Many nursing homes participate in both the Medicare and Medicaid programs, and qualify as both skilled nursing facilities and intermediate care facilities.

Number of Beds: This is the total number of beds in the nursing home, including those that are approved for Medicare and Medicaid and those that are not. Many nursing homes have beds that are "private;" these are included in the number even though the facility does not receive Medicare or Medicaid money for them.

Type of Ownership: This block describes the type of organization that operates the nursing home. These include:

Non-profit-religious — A nursing home affiliated with a religious organization, governed by a board of directors and financed largely by contributions.

Non-profit-private — A nursing home not affiliated with a religious or a community based organization and financed largely by contributions.

Non-profit-other — A nursing home which is generally governed by a community based board of directors and financed largely by contributions.

Proprietary — A nursing home operated for profit.

Government — A nursing home primarily administered by the Federal government, the State, or the county, city or other local unit of government.

Survey Date: The day on which the nursing home inspection described in this report was completed. All of the information contained in the nursing home profile reflects the conditions on this date. Note that surveys are being conducted on an ongoing basis, and thus, more recent survey results may become available subsequent to publication of this report.

EXAMPLE

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY	STATE	NATION
		#	%	%
Bathing Residents requiring some or total assistance in bathing.		78	83.0	81.0

The "Selected Resident Characteristics" section of the profile contains important information describing the population of the nursing home. Surveyors obtain this information from the facility at the time of survey. The first line of this section shows the total number of residents living in the home and indicates how many of the home's residents are Medicare or Medicaid recipients. Next, the profile tells how many of the nursing home's residents fall into each of 13 selected care categories. These categories reflect common characteristics of nursing home residents that relate to the amount and types of care that they need. They describe the degree of assistance required by residents in carrying out the basic activities of daily living (e.g., bathing, dressing, eating) as well as other characteristics that provide information on the health care needs of residents (e.g., residents who are unable to get out of bed without assistance, residents with special skin care needs, residents on bowel and bladder retraining programs.)

The example above shows the first care category included in each nursing home profile, "Bathing." Following is an explanation of information provided in the profile:

Column 1 — Facility, #: Indicates that 78 residents of the nursing home require some or total assistance in bathing.

Column 2 — Facility, %: Indicates that the 78 residents who require assistance in bathing represent 83% of the nursing home's total population.

Column 3 — State, %: Indicates that, in the State where the nursing home is located, 81% of all skilled nursing facility residents require assistance in bathing.

Column 4 — Nation, %: Indicates that, for the nation as a whole, 81% of all skilled nursing facility residents require assistance in bathing.

The profile then provides similar information for each of the remaining care categories. Note that many residents will be included in more than one of the care categories.

EXAMPLE

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.

FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
	STATE		NATION	
	#	%	#	%
MET	6	5.0	489	5.0

The last section of the profile "Selected Performance Indicators," tells about the nursing home's performance in meeting Federal quality of care requirements. The profile includes 32 performance indicators selected for their usefulness in describing important aspects of a nursing home's performance. Each indicator is based on a specific regulatory requirement that nursing homes must meet to participate in Medicare or Medicaid.

As shown in the example above, the profile indicates for each performance indicator whether the nursing home met or did not meet minimum Federal requirements on the date of its most recent inspection by State surveyors. Following is an explanation of the information provided in the sample profile for the first performance indicator, "The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed."

Column 1 — Facility Met/Not Met: Shows either "Met" or "Not Met." "Met" means that the nursing home performed satisfactorily in this area. "Not Met" would mean that the home did not perform satisfactorily in this area.

Column 2 — State, #: Indicates that there were 6 skilled nursing facilities in the State that did not perform satisfactorily in this area.

Column 3 — State, %: Indicates that the 6 facilities that did not perform satisfactorily represent 5% of the skilled nursing facilities in the State.

Column 4 — Nation, #: Indicates that there were 489 skilled nursing facilities in the nation that did not perform satisfactorily in this area.

Column 5 — Nation, %: Indicates that the 489 facilities that did not perform satisfactorily represent 5% of all skilled nursing facilities in the nation.

NURSING HOME PROFILE GRAYS HARBOR CONVALESCENT CENTER

Street Address: 920 ANDERSON DRIVE		City and State: ABERDEEN WA 98520	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 155	Type of Ownership: PROPRIETARY	Survey Date: 07/31/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 136	Medicare Residents: 0	Medicaid Residents: 105	
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	112	82.4	80.1	81.5
Dressing				
Residents requiring some or total assistance in dressing.	112	82.4	82.6	83.2
Toileting				
Residents requiring some or total assistance in toileting.	112	82.4	73.3	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	116	85.3	89.5	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	105	77.2	67.8	68.2
Residents on individually written bowel and bladder retraining program.	3	2.2	5.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	32	23.5	35.2	37.7
Completely bedfast residents.	5	3.7	1.5	3.4
Residents confined to chairs.	76	55.9	48.3	50.8
Residents requiring restraints.	53	39.0	40.5	41.3
Confused or disoriented residents.	76	55.9	57.1	58.4
Residents with bed sores.	9	6.6	6.4	7.1
Residents receiving special skin care.	11	8.1	28.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	8	3.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.9	518	5.5
Each resident is free from mental and physical abuse.	MET	4	1.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	4.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	102	40.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.4	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	3	1.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.8	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	10	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	168	66.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	120	47.2	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	49	19.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	61	24.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	39	15.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	29	11.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	80	31.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	56	22.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	105	41.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	36	14.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	5	2.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	13.8	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	50	19.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	15.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	24	9.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	3.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	129	50.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	140	55.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	182	71.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	72	28.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	184	72.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE HARBOR HEALTH CARE CENTER

Street Address: 308 W KING ST		City and State: ABERDEEN WA 98520	
Participation: MEDICAID SNF/ICF	# of Beds: 91	Type of Ownership: PROPRIETARY	Survey Date: 11/12/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 87	Medicare Residents: 0	Medicaid Residents: 79
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	2	2.3	80.1	81.5
Dressing				
Residents requiring some or total assistance in dressing.	71	81.6	82.6	83.2
Toileting				
Residents requiring some or total assistance in toileting.	63	72.4	73.3	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	55	63.2	89.5	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	54	62.1	67.8	68.2
Residents on individually written bowel and bladder retraining program.	2	2.3	5.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	38	43.7	35.2	37.7
Completely bedfast residents.	0	0.0	1.5	3.4
Residents confined to chairs.	15	17.2	48.3	50.8
Residents requiring restraints.	43	49.4	40.5	41.3
Confused or disoriented residents.	51	58.6	57.1	58.4
Residents with bed sores.	8	9.2	6.4	7.1
Residents receiving special skin care.	18	20.7	28.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	8	3.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.9	518	5.5
Each resident is free from mental and physical abuse.	MET	4	1.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	4.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	102	40.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.4	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	3	1.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.8	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	10	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	168	66.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	120	47.2	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	49	19.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	61	24.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	39	15.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	29	11.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	80	31.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	56	22.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	105	41.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	36	14.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	5	2.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	13.8	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	50	19.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	15.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	24	9.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	3.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	129	50.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	140	55.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	182	71.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	72	28.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	184	72.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE SAINT JOSEPH HOSPITAL

Street Address:		City and State:	
1006 N H ST		ABERDEEN WA 98520	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID SNF/ICF	34	NON-PROFIT RELIGIOUS	06/08/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
31	0	16

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	27	87.1	80.1	81.5
Dressing				
Residents requiring some or total assistance in dressing.	27	87.1	82.6	83.2
Toileting				
Residents requiring some or total assistance in toileting.	20	64.5	73.3	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	23	74.2	89.5	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	19	61.3	67.8	68.2
Residents on individually written bowel and bladder retraining program.	20	64.5	5.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	8	25.8	35.2	37.7
Completely bedfast residents.	0	0.0	1.5	3.4
Residents confined to chairs.	20	64.5	48.3	50.8
Residents requiring restraints.	13	41.9	40.5	41.3
Confused or disoriented residents.	21	67.7	57.1	58.4
Residents with bed sores.	1	3.2	6.4	7.1
Residents receiving special skin care.	3	9.7	28.0	31.2

SELECTED PERFORMANCE INDICATORS

“Facility” column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. “State” and “Nation” columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. “Met” means that the facility is in compliance with the specific requirement. “Not Met” means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	8	3.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.9	518	5.5
Each resident is free from mental and physical abuse.	MET	4	1.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	4.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	102	40.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.4	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	3	1.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	NOT MET	7	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.8	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	10	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	168	66.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	120	47.2	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	49	19.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	61	24.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	39	15.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	29	11.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	80	31.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	56	22.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	105	41.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	36	14.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	5	2.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	13.8	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	50	19.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	15.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	24	9.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	3.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	129	50.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	140	55.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	182	71.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	72	28.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	184	72.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE ANACORTES CONVALESCENT CENTER

Street Address:		City and State:	
1105 26TH STREET		ANACORTES WA 98221	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	119	PROPRIETARY	01/26/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
101	4	78		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	82	81.2	80.1	81.5
Dressing				
Residents requiring some or total assistance in dressing.	80	79.2	82.6	83.2
Toileting				
Residents requiring some or total assistance in toileting.	69	68.3	73.3	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	101	100	89.5	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	65	64.4	67.8	68.2
Residents on individually written bowel and bladder retraining program.	3	3.0	5.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	27	26.7	35.2	37.7
Completely bedfast residents.	3	3.0	1.5	3.4
Residents confined to chairs.	39	38.6	48.3	50.8
Residents requiring restraints.	32	31.7	40.5	41.3
Confused or disoriented residents.	51	50.5	57.1	58.4
Residents with bed sores.	7	6.9	6.4	7.1
Residents receiving special skin care.	39	38.6	28.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	8	3.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.9	518	5.5
Each resident is free from mental and physical abuse.	MET	4	1.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	4.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	102	40.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.4	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	3	1.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.8	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	10	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	168	66.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	120	47.2	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	49	19.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	61	24.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	39	15.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	29	11.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	80	31.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	56	22.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	105	41.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	36	14.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	5	2.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	13.8	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	50	19.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	15.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	24	9.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	3.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	129	50.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	140	55.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	182	71.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	72	28.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	184	72.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE BARTH NURSING HOME

Street Address: 1407 FIFTH ST		City and State: ANACORTES WA 98221	
Participation: MEDICAID ICF	# of Beds: 26	Type of Ownership: PROPRIETARY	Survey Date: 09/30/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 24	Medicare Residents: 0	Medicaid Residents: 17	
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	8	33.3	60.0	78.3
Dressing Residents requiring some or total assistance in dressing.	10	41.7	50.0	76.7
Toileting Residents requiring some or total assistance in toileting.	12	50.0	33.4	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	5	20.8	39.2	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	9	37.5	34.5	59.1
 Residents on individually written bowel and bladder retraining program.	5	20.8	9.9	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	1	4.2	9.0	29.3
 Completely bedfast residents.	0	0.0	0.6	3.6
 Residents confined to chairs.	2	8.3	8.2	39.1
 Residents requiring restraints.	1	4.2	9.6	31.7
 Confused or disoriented residents.	12	50.0	53.0	55.8
 Residents with bed sores.	0	0.0	2.3	4.7
 Residents receiving special skin care.	5	20.8	19.7	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	1	3.4	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	2	6.9	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	3.4	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	3.4	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	0	0.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	8	27.6	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	0	0.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	1	3.4	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	4	13.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	0	0.0	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	0	0.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	3	10.3	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	2	6.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	14	48.3	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	3	10.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	3.4	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	4	13.8	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	6	20.7	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	2	6.9	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	4	13.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	2	6.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	10.3	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	20	69.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE SAN JUAN NURSING HOME

Street Address:		City and State:	
911 21ST STREET		ANACORTES WA 98221	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID SNF/ICF	52	NON-PROFIT OTHER	02/19/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
52	0	22

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	30	57.7	80.1	81.5
Dressing				
Residents requiring some or total assistance in dressing.	41	78.8	82.6	83.2
Toileting				
Residents requiring some or total assistance in toileting.	33	63.5	73.3	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	33	63.5	89.5	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	34	65.4	67.8	68.2
Residents on individually written bowel and bladder retraining program.	36	69.2	5.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	22	42.3	35.2	37.7
Completely bedfast residents.	0	0.0	1.5	3.4
Residents confined to chairs.	18	34.6	48.3	50.8
Residents requiring restraints.	15	28.8	40.5	41.3
Confused or disoriented residents.	27	51.9	57.1	58.4
Residents with bed sores.	1	1.9	6.4	7.1
Residents receiving special skin care.	11	21.2	28.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	8	3.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.9	518	5.5
Each resident is free from mental and physical abuse.	MET	4	1.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	4.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	102	40.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.4	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	3	1.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.8	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	10	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	168	66.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	120	47.2	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	49	19.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	61	24.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	39	15.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	29	11.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	80	31.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	56	22.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	105	41.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	36	14.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	5	2.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	13.8	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	50	19.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	15.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	24	9.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	3.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	129	50.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	140	55.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	182	71.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	72	28.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	184	72.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE ARLINGTON CONVALESCENT CENTER

Street Address:		City and State:	
FLORENCE & HAZEL STS		ARLINGTON WA 98223	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID SNF/ICF	96	PROPRIETARY	12/10/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:	
93	0	78	

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	76	81.7	80.1	81.5
Dressing				
Residents requiring some or total assistance in dressing.	77	82.8	82.6	83.2
Toileting				
Residents requiring some or total assistance in toileting.	64	68.8	73.3	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	69	74.2	89.5	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	63	67.7	67.8	68.2
Residents on individually written bowel and bladder retraining program.	5	5.4	5.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	38	40.9	35.2	37.7
Completely bedfast residents.	0	0.0	1.5	3.4
Residents confined to chairs.	62	66.7	48.3	50.8
Residents requiring restraints.	48	51.6	40.5	41.3
Confused or disoriented residents.	35	37.6	57.1	58.4
Residents with bed sores.	4	4.3	6.4	7.1
Residents receiving special skin care.	31	33.3	28.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	8	3.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.9	518	5.5
Each resident is free from mental and physical abuse.	MET	4	1.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	4.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	102	40.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.4	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	3	1.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.8	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	10	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	168	66.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	120	47.2	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	49	19.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	61	24.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	39	15.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	29	11.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	80	31.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	56	22.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	105	41.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	36	14.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	5	2.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	13.8	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	50	19.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	15.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	24	9.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	3.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	129	50.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	140	55.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	182	71.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	72	28.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	184	72.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE APPLEGATE CARE CENTER

Street Address:		City and State:	
414 SEVENTEENTH AVE SE		AUBURN WA 98002	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID SNF/ICF	96	PROPRIETARY	05/24/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:	
94	0	81	

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	89	94.7	80.1	81.5
Dressing				
Residents requiring some or total assistance in dressing.	92	97.9	82.6	83.2
Toileting				
Residents requiring some or total assistance in toileting.	66	70.2	73.3	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	66	70.2	89.5	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	56	59.6	67.8	68.2
Residents on individually written bowel and bladder retraining program.	2	2.1	5.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	59	62.8	35.2	37.7
Completely bedfast residents.	1	1.1	1.5	3.4
Residents confined to chairs.	16	17.0	48.3	50.8
Residents requiring restraints.	33	35.1	40.5	41.3
Confused or disoriented residents.	54	57.4	57.1	58.4
Residents with bed sores.	8	8.5	6.4	7.1
Residents receiving special skin care.	30	31.9	28.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	8	3.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.9	518	5.5
Each resident is free from mental and physical abuse.	MET	4	1.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	4.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	102	40.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.4	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	3	1.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.8	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	10	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	168	66.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	120	47.2	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	49	19.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	61	24.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	39	15.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	29	11.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	80	31.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	56	22.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	105	41.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	36	14.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	5	2.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	35	13.8	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	50	19.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	15.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	24	9.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	3.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	129	50.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	140	55.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	182	71.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	72	28.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	184	72.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE CANTERBURY HOUSE

Street Address:		City and State:	
502 - 29TH SE		AUBURN WA 98002	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID SNF/ICF	100	PROPRIETARY	06/12/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:	
63	0	46	

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	45	71.4	80.1	81.5
Dressing				
Residents requiring some or total assistance in dressing.	48	76.2	82.6	83.2
Toileting				
Residents requiring some or total assistance in toileting.	38	60.3	73.3	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	37	58.7	89.5	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	43	68.3	67.8	68.2
Residents on individually written bowel and bladder retraining program.	2	3.2	5.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	15	23.8	35.2	37.7
Completely bedfast residents.	0	0.0	1.5	3.4
Residents confined to chairs.	15	23.8	48.3	50.8
Residents requiring restraints.	15	23.8	40.5	41.3
Confused or disoriented residents.	38	60.3	57.1	58.4
Residents with bed sores.	0	0.0	6.4	7.1
Residents receiving special skin care.	16	25.4	28.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	8	3.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.9	518	5.5
Each resident is free from mental and physical abuse.	NOT MET	4	1.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	4.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	102	40.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.4	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	3	1.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.8	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	10	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	168	66.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	120	47.2	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	49	19.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	61	24.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	39	15.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	29	11.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	80	31.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	56	22.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	105	41.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	36	14.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	5	2.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	13.8	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	50	19.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	15.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	24	9.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	3.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	129	50.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	140	55.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	182	71.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	72	28.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	184	72.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE GREEN RIVER TERRACE NURSING CENTER

Street Address:

2830 I ST NE

City and State:

AUBURN WA 98002

Participation:

MEDICARE/MEDICAID SNF/ICF

of Beds:

139

Type of Ownership:

PROPRIETARY

Survey Date:

06/29/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:

127

Medicare Residents:

8

Medicaid Residents:

93

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

FACILITY

STATE

NATION

#

%

%

%

Bathing

Residents requiring some or total assistance in bathing.

122

96.1

80.1

81.5

Dressing

Residents requiring some or total assistance in dressing.

105

82.7

82.6

83.2

Toileting

Residents requiring some or total assistance in toileting.

94

74.0

73.3

73.8

Transferring

Residents requiring some or total assistance moving from bed to chair or to tub or toilet.

122

96.1

89.5

77.2

Continence

Residents with catheters or partial or total loss of bowel or bladder control.

76

59.8

67.8

68.2

Residents on individually written bowel and bladder retraining program.

6

4.7

5.6

4.6

Eating

Residents receiving tube feedings or requiring assistance with eating.

93

73.2

35.2

37.7

Completely bedfast residents.

4

3.1

1.5

3.4

Residents confined to chairs.

83

65.4

48.3

50.8

Residents requiring restraints.

79

62.2

40.5

41.3

Confused or disoriented residents.

92

72.4

57.1

58.4

Residents with bed sores.

6

4.7

6.4

7.1

Residents receiving special skin care.

118

92.9

28.0

31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	8	3.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.9	518	5.5
Each resident is free from mental and physical abuse.	MET	4	1.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	4.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	102	40.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.4	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	3	1.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.8	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	10	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	168	66.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	120	47.2	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	49	19.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	61	24.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	39	15.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	29	11.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	80	31.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	56	22.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	105	41.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	36	14.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	5	2.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	13.8	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	50	19.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	15.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	24	9.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	3.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	129	50.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	140	55.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	182	71.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	72	28.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	184	72.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE MESSENGER HOUSE CARE CENTER

Street Address: 10861 MANITOU PARK BLVD NE		City and State: BAINBRIDGE ISLAND WA 98110	
Participation: MEDICAID SNF/ICF	# of Beds: 96	Type of Ownership: PROPRIETARY	Survey Date: 03/02/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 66	Medicare Residents: 0	Medicaid Residents: 66		
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	40	60.6	80.1	81.5
Dressing				
Residents requiring some or total assistance in dressing.	42	63.6	82.6	83.2
Toileting				
Residents requiring some or total assistance in toileting.	50	75.8	73.3	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	28	42.4	89.5	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	48	72.7	67.8	68.2
Residents on individually written bowel and bladder retraining program.	31	47.0	5.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	27	40.9	35.2	37.7
Completely bedfast residents.	0	0.0	1.5	3.4
Residents confined to chairs.	22	33.3	48.3	50.8
Residents requiring restraints.	19	28.8	40.5	41.3
Confused or disoriented residents.	57	86.4	57.1	58.4
Residents with bed sores.	3	4.5	6.4	7.1
Residents receiving special skin care.	13	19.7	28.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	8	3.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.9	518	5.5
Each resident is free from mental and physical abuse.	MET	4	1.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	4.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	102	40.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.4	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	3	1.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.8	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	10	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	168	66.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	120	47.2	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	49	19.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	61	24.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	39	15.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	29	11.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	80	31.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	56	22.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	105	41.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	36	14.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	5	2.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	13.8	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	50	19.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	15.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	24	9.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	3.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	129	50.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	140	55.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	182	71.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	72	28.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	184	72.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE WINSLOW CONVALESCENT CENTER

Street Address:		City and State:	
835 MADISON AVENUE NORTH		BAINBRIDGE ISLAND WA 98110	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID SNF/ICF	92	PROPRIETARY	05/19/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
87	0	53

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	80	92.0	80.1	81.5
Dressing				
Residents requiring some or total assistance in dressing.	70	80.5	82.6	83.2
Toileting				
Residents requiring some or total assistance in toileting.	57	65.5	73.3	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	53	60.9	89.5	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	57	65.5	67.8	68.2
Residents on individually written bowel and bladder retraining program.	14	16.1	5.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	27	31.0	35.2	37.7
Completely bedfast residents.	0	0.0	1.5	3.4
Residents confined to chairs.	63	72.4	48.3	50.8
Residents requiring restraints.	21	24.1	40.5	41.3
Confused or disoriented residents.	32	36.8	57.1	58.4
Residents with bed sores.	6	6.9	6.4	7.1
Residents receiving special skin care.	19	21.8	28.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	8	3.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.9	518	5.5
Each resident is free from mental and physical abuse.	MET	4	1.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	4.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	102	40.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.4	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	3	1.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.8	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	10	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	168	66.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	120	47.2	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	49	19.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	61	24.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	39	15.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	29	11.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	80	31.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	56	22.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	105	41.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	36	14.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	5	2.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	35	13.8	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	50	19.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	15.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	24	9.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	3.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	129	50.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	140	55.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	182	71.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	72	28.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	184	72.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE PARKWAY NORTH CARE CENTER

Street Address: 404 NORTH PARKWAY (P O BOX 770)		City and State: BATTLE GROUND WA 98604	
Participation: MEDICAID SNF/ICF	# of Beds: 84	Type of Ownership: PROPRIETARY	Survey Date: 11/18/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 80	Medicare Residents: 65	Medicaid Residents: 0
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	72	90.0	80.1	81.5
Dressing				
Residents requiring some or total assistance in dressing.	68	85.0	82.6	83.2
Toileting				
Residents requiring some or total assistance in toileting.	64	80.0	73.3	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	53	66.2	89.5	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	59	73.7	67.8	68.2
Residents on individually written bowel and bladder retraining program.	3	3.7	5.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	65	81.3	35.2	37.7
Completely bedfast residents.	2	2.5	1.5	3.4
Residents confined to chairs.	59	73.7	48.3	50.8
Residents requiring restraints.	31	38.7	40.5	41.3
Confused or disoriented residents.	59	73.7	57.1	58.4
Residents with bed sores.	10	12.5	6.4	7.1
Residents receiving special skin care.	7	8.7	28.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	8	3.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.9	518	5.5
Each resident is free from mental and physical abuse.	MET	4	1.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	4.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	102	40.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.4	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	3	1.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.8	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	10	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	168	66.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	120	47.2	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	49	19.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	61	24.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	39	15.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	29	11.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	80	31.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	56	22.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	105	41.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	36	14.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	5	2.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	13.8	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	50	19.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	40	15.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	24	9.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	3.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	129	50.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	140	55.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	182	71.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	72	28.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	184	72.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE MEADOW GLADE MANOR

Street Address:		City and State:	
11117 N.E. 189TH STREET		BATTLEGROUND WA 98604	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE SNF	65	PROPRIETARY	07/24/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:			
44	1	0			
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		29	65.9	80.1	81.5
Dressing					
Residents requiring some or total assistance in dressing.		40	90.9	82.6	83.2
Toileting					
Residents requiring some or total assistance in toileting.		36	81.8	73.3	73.8
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		27	61.4	89.5	77.2
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		39	88.6	67.8	68.2
Residents on individually written bowel and bladder retraining program.		7	15.9	5.6	4.6
Eating					
Residents receiving tube feedings or requiring assistance with eating.		19	43.2	35.2	37.7
Completely bedfast residents.		2	4.5	1.5	3.4
Residents confined to chairs.		26	59.1	48.3	50.8
Residents requiring restraints.		16	36.4	40.5	41.3
Confused or disoriented residents.		34	77.3	57.1	58.4
Residents with bed sores.		4	9.1	6.4	7.1
Residents receiving special skin care.		9	20.5	28.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	8	3.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.9	518	5.5
Each resident is free from mental and physical abuse.	MET	4	1.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	4.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	102	40.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.4	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	3	1.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.8	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	10	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	168	66.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	120	47.2	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	49	19.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	61	24.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	39	15.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	29	11.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	80	31.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	56	22.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	105	41.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	36	14.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	5	2.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	35	13.8	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	50	19.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	15.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	24	9.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	3.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	129	50.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	140	55.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	182	71.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	72	28.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	184	72.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE BELLEVUE CENTER

Street Address:		City and State:	
1640 148TH AVE SE		BELLEVUE WA 98007	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID SNF/ICF	109	PROPRIETARY	05/26/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
5	0	5		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	0	0.0	80.1	81.5
Dressing				
Residents requiring some or total assistance in dressing.	0	0.0	82.6	83.2
Toileting				
Residents requiring some or total assistance in toileting.	0	0.0	73.3	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	0	0.0	89.5	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	0	0.0	67.8	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	5.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	0	0.0	35.2	37.7
Completely bedfast residents.	0	0.0	1.5	3.4
Residents confined to chairs.	0	0.0	48.3	50.8
Residents requiring restraints.	0	0.0	40.5	41.3
Confused or disoriented residents.	0	0.0	57.1	58.4
Residents with bed sores.	0	0.0	6.4	7.1
Residents receiving special skin care.	0	0.0	28.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	8	3.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.9	518	5.5
Each resident is free from mental and physical abuse.	MET	4	1.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	4.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	102	40.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.4	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	3	1.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.8	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	10	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	168	66.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	120	47.2	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	49	19.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	61	24.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	39	15.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	29	11.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	80	31.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	56	22.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	105	41.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	36	14.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	5	2.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	13.8	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	50	19.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	15.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	24	9.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	3.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	129	50.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	140	55.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	182	71.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	72	28.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	184	72.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE LAURELWOOD CARE CENTER

Street Address:		City and State:	
150 102ND AVE SE		BELLEVUE WA 98004	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	225	PROPRIETARY	05/25/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
198	5	158

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	163	82.3	80.1	81.5
Dressing				
Residents requiring some or total assistance in dressing.	166	83.8	82.6	83.2
Toileting				
Residents requiring some or total assistance in toileting.	155	78.3	73.3	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	123	62.1	89.5	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	142	71.7	67.8	68.2
Residents on individually written bowel and bladder retraining program.	2	1.0	5.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	49	24.7	35.2	37.7
Completely bedfast residents.	18	9.1	1.5	3.4
Residents confined to chairs.	135	68.2	48.3	50.8
Residents requiring restraints.	61	30.8	40.5	41.3
Confused or disoriented residents.	96	48.5	57.1	58.4
Residents with bed sores.	15	7.6	6.4	7.1
Residents receiving special skin care.	31	15.7	28.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	8	3.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.9	518	5.5
Each resident is free from mental and physical abuse.	MET	4	1.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	4.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	102	40.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.4	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	3	1.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.8	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	10	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	168	66.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	120	47.2	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	49	19.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	61	24.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	39	15.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	29	11.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	80	31.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	56	22.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	105	41.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	36	14.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	5	2.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	13.8	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	50	19.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	15.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	24	9.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	3.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	129	50.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	140	55.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	182	71.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	72	28.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	184	72.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE ALDERWOOD PARK CONVALESCENT

Street Address:		City and State:	
2726 ALDERWOOD AVE		BELLINGHAM WA 98225	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	102	PROPRIETARY	06/17/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
100	0	50		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	95	95.0	80.1	81.5
Dressing				
Residents requiring some or total assistance in dressing.	90	90.0	82.6	83.2
Toileting				
Residents requiring some or total assistance in toileting.	80	80.0	73.3	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	100	100	89.5	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	63	63.0	67.8	68.2
Residents on individually written bowel and bladder retraining program.	4	4.0	5.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	20	20.0	35.2	37.7
Completely bedfast residents.	0	0.0	1.5	3.4
Residents confined to chairs.	65	65.0	48.3	50.8
Residents requiring restraints.	48	48.0	40.5	41.3
Confused or disoriented residents.	62	62.0	57.1	58.4
Residents with bed sores.	4	4.0	6.4	7.1
Residents receiving special skin care.	9	9.0	28.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	8	3.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.9	518	5.5
Each resident is free from mental and physical abuse.	MET	4	1.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	4.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	102	40.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.4	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	3	1.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.8	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	10	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	168	66.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	120	47.2	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	49	19.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	61	24.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	39	15.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	29	11.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	80	31.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	56	22.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	105	41.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	36	14.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	5	2.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	13.8	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	50	19.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	15.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	24	9.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	3.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	129	50.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	140	55.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	182	71.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	72	28.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	184	72.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE BELLINGHAM CARE CENTER

Street Address:		City and State:	
1200 BIRCHWOOD AVE		BELLINGHAM WA 98225	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	120	PROPRIETARY	08/12/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
104	0	73

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	103	99.0	80.1	81.5
Dressing				
Residents requiring some or total assistance in dressing.	68	65.4	82.6	83.2
Toileting				
Residents requiring some or total assistance in toileting.	75	72.1	73.3	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	74	71.2	89.5	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	70	67.3	67.8	68.2
Residents on individually written bowel and bladder retraining program.	3	2.9	5.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	24	23.1	35.2	37.7
Completely bedfast residents.	0	0.0	1.5	3.4
Residents confined to chairs.	17	16.3	48.3	50.8
Residents requiring restraints.	30	28.8	40.5	41.3
Confused or disoriented residents.	34	32.7	57.1	58.4
Residents with bed sores.	6	5.8	6.4	7.1
Residents receiving special skin care.	22	21.2	28.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	8	3.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.9	518	5.5
Each resident is free from mental and physical abuse.	MET	4	1.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	4.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	102	40.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.4	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	3	1.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.8	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	10	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	168	66.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	120	47.2	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	49	19.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	61	24.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	39	15.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	29	11.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	80	31.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	56	22.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	105	41.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	36	14.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	5	2.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	13.8	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	50	19.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	15.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	24	9.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	3.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	129	50.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	140	55.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	182	71.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	72	28.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	184	72.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE HIGHLAND CONVALESCENT CENTER

Street Address: 2400 SAMISH WAY		City and State: BELLINGHAM WA 98225	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 44	Type of Ownership: PROPRIETARY	Survey Date: 05/10/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 43	Medicare Residents: 0	Medicaid Residents: 28		
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	43	100	80.1	81.5
Dressing				
Residents requiring some or total assistance in dressing.	35	81.4	82.6	83.2
Toileting				
Residents requiring some or total assistance in toileting.	37	86.0	73.3	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	43	100	89.5	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	40	93.0	67.8	68.2
Residents on individually written bowel and bladder retraining program.	4	9.3	5.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	21	48.8	35.2	37.7
Completely bedfast residents.	0	0.0	1.5	3.4
Residents confined to chairs.	32	74.4	48.3	50.8
Residents requiring restraints.	18	41.9	40.5	41.3
Confused or disoriented residents.	29	67.4	57.1	58.4
Residents with bed sores.	0	0.0	6.4	7.1
Residents receiving special skin care.	10	23.3	28.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	8	3.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.9	518	5.5
Each resident is free from mental and physical abuse.	MET	4	1.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	4.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	102	40.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.4	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	3	1.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.8	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	10	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	168	66.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	120	47.2	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	49	19.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	61	24.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	39	15.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	29	11.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	80	31.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	56	22.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	105	41.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	36	14.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	5	2.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	13.8	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	50	19.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	15.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	24	9.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	3.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	129	50.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	140	55.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	182	71.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	72	28.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	184	72.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE NEEDHAM'S NURSING HOME

Street Address:		City and State:	
1509 E VICTOR ST		BELLINGHAM WA 98225	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID SNF/ICF	122	PROPRIETARY	01/29/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
118	0	80

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	58	49.2	80.1	81.5
Dressing				
Residents requiring some or total assistance in dressing.	89	75.4	82.6	83.2
Toileting				
Residents requiring some or total assistance in toileting.	76	64.4	73.3	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	109	92.4	89.5	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	72	61.0	67.8	68.2
Residents on individually written bowel and bladder retraining program.	4	3.4	5.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	63	53.4	35.2	37.7
Completely bedfast residents.	1	0.8	1.5	3.4
Residents confined to chairs.	24	20.3	48.3	50.8
Residents requiring restraints.	56	47.5	40.5	41.3
Confused or disoriented residents.	73	61.9	57.1	58.4
Residents with bed sores.	5	4.2	6.4	7.1
Residents receiving special skin care.	32	27.1	28.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	8	3.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.9	518	5.5
Each resident is free from mental and physical abuse.	MET	4	1.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	4.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	102	40.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.4	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	3	1.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.8	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	10	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	168	66.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	120	47.2	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	49	19.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	61	24.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	39	15.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	29	11.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	80	31.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	56	22.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	105	41.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	36	14.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	5	2.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	13.8	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	50	19.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	15.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	24	9.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	3.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	129	50.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	140	55.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	182	71.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	72	28.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	184	72.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE NOR BELL CARE CENTER

Street Address:		City and State:	
5280 NORTHWEST RDAD		BELLINGHAM WA 98225	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID SNF/ICF	70	LOCAL GOVERNMENT	11/13/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
57	0	44		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	48	84.2	80.1	81.5
Dressing				
Residents requiring some or total assistance in dressing.	46	80.7	82.6	83.2
Toileting				
Residents requiring some or total assistance in toileting.	36	63.2	73.3	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	47	82.5	89.5	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	39	68.4	67.8	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	5.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	14	24.6	35.2	37.7
Completely bedfast residents.	0	0.0	1.5	3.4
Residents confined to chairs.	31	54.4	48.3	50.8
Residents requiring restraints.	18	31.6	40.5	41.3
Confused or disoriented residents.	31	54.4	57.1	58.4
Residents with bed sores.	1	1.8	6.4	7.1
Residents receiving special skin care.	9	15.8	28.0	31.2

SELECTED PERFORMANCE INDICATORS

“Facility” column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. “State” and “Nation” columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. “Met” means that the facility is in compliance with the specific requirement. “Not Met” means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	8	3.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.9	518	5.5
Each resident is free from mental and physical abuse.	MET	4	1.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	4.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	102	40.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.4	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	3	1.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.8	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	10	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	168	66.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	120	47.2	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	49	19.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	61	24.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	39	15.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	29	11.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	80	31.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	56	22.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	105	41.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	36	14.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	5	2.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	13.8	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	50	19.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	15.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	24	9.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	3.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	129	50.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	140	55.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	182	71.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	72	28.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	184	72.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE SEHOME CONV. & RETIRE. CENTER

Street Address:		City and State:	
700 32ND STREET		BELLINGHAM WA 98225	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	137	PROPRIETARY	05/18/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
100	4	60		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	73	73.0	80.1	81.5
Dressing				
Residents requiring some or total assistance in dressing.	75	75.0	82.6	83.2
Toileting				
Residents requiring some or total assistance in toileting.	67	67.0	73.3	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	72	72.0	89.5	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	56	56.0	67.8	68.2
Residents on individually written bowel and bladder retraining program.	6	6.0	5.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	33	33.0	35.2	37.7
Completely bedfast residents.	3	3.0	1.5	3.4
Residents confined to chairs.	47	47.0	48.3	50.8
Residents requiring restraints.	39	39.0	40.5	41.3
Confused or disoriented residents.	67	67.0	57.1	58.4
Residents with bed sores.	9	9.0	6.4	7.1
Residents receiving special skin care.	49	49.0	28.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	8	3.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.9	518	5.5
Each resident is free from mental and physical abuse.	MET	4	1.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	4.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	102	40.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.4	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	3	1.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.8	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	10	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	168	66.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	120	47.2	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	49	19.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	61	24.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	39	15.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	29	11.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	80	31.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	56	22.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	105	41.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	36	14.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	5	2.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	13.8	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	50	19.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	15.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	24	9.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	3.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	129	50.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	140	55.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	182	71.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	72	28.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	184	72.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE SHUKSAN CONVALESCENT CENTER

Street Address:		City and State:	
1530 JAMES ST		BELLINGHAM WA 98225	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	61	PROPRIETARY	10/28/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
57	0	43

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	14	24.6	80.1	81.5
Dressing				
Residents requiring some or total assistance in dressing.	41	71.9	82.6	83.2
Toileting				
Residents requiring some or total assistance in toileting.	35	61.4	73.3	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	57	100	89.5	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	37	64.9	67.8	68.2
Residents on individually written bowel and bladder retraining program.	4	7.0	5.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	10	17.5	35.2	37.7
Completely bedfast residents.	0	0.0	1.5	3.4
Residents confined to chairs.	8	14.0	48.3	50.8
Residents requiring restraints.	14	24.6	40.5	41.3
Confused or disoriented residents.	20	35.1	57.1	58.4
Residents with bed sores.	4	7.0	6.4	7.1
Residents receiving special skin care.	35	61.4	28.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	8	3.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.9	518	5.5
Each resident is free from mental and physical abuse.	MET	4	1.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	4.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	102	40.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.4	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	3	1.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.8	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	10	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	168	66.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	120	47.2	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	49	19.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	61	24.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	39	15.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	29	11.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	80	31.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	56	22.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	105	41.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	36	14.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	5	2.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	13.8	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	50	19.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	15.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	24	9.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	3.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	129	50.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	140	55.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	182	71.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	72	28.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	184	72.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE THE ST. FRANCIS, EXTENDED HEALTH CARE

Street Address: 3121 SQUALICUM PARKWAY (PO BOX 3150)		City and State: BELLINGHAM WA 98227	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 120	Type of Ownership: PROPRIETARY	Survey Date: 05/27/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 117	Medicare Residents: 2	Medicaid Residents: 88
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	101	86.3	80.1	81.5
Dressing				
Residents requiring some or total assistance in dressing.	91	77.8	82.6	83.2
Toileting				
Residents requiring some or total assistance in toileting.	89	76.1	73.3	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	117	100	89.5	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	81	69.2	67.8	68.2
Residents on individually written bowel and bladder retraining program.	7	6.0	5.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	34	29.1	35.2	37.7
Completely bedfast residents.	0	0.0	1.5	3.4
Residents confined to chairs.	32	27.4	48.3	50.8
Residents requiring restraints.	53	45.3	40.5	41.3
Confused or disoriented residents.	72	61.5	57.1	58.4
Residents with bed sores.	3	2.6	6.4	7.1
Residents receiving special skin care.	49	41.9	28.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	8	3.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.9	518	5.5
Each resident is free from mental and physical abuse.	MET	4	1.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	4.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	102	40.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.4	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	3	1.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.8	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	10	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	168	66.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	120	47.2	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	49	19.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	61	24.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	39	15.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	29	11.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	80	31.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	56	22.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	105	41.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	36	14.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	5	2.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	13.8	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	50	19.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	15.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	24	9.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	3.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	129	50.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	140	55.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	182	71.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	72	28.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	184	72.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE STAFHOLT GOOD SAMARITAN CENTER

Street Address:		City and State:	
360 D ST (P O BOX Z)		BLAINE WA 98230	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID SNF/ICF	65	NON-PROFIT RELIGIOUS	04/27/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
60	0	42

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	31	51.7	80.1	81.5
Dressing				
Residents requiring some or total assistance in dressing.	43	71.7	82.6	83.2
Toileting				
Residents requiring some or total assistance in toileting.	40	66.7	73.3	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	31	51.7	89.5	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	37	61.7	67.8	68.2
Residents on individually written bowel and bladder retraining program.	5	8.3	5.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	13	21.7	35.2	37.7
Completely bedfast residents.	0	0.0	1.5	3.4
Residents confined to chairs.	21	35.0	48.3	50.8
Residents requiring restraints.	16	26.7	40.5	41.3
Confused or disoriented residents.	41	68.3	57.1	58.4
Residents with bed sores.	5	8.3	6.4	7.1
Residents receiving special skin care.	30	50.0	28.0	31.2

SELECTED PERFORMANCE INDICATORS

“Facility” column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. “State” and “Nation” columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. “Met” means that the facility is in compliance with the specific requirement. “Not Met” means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	8	3.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.9	518	5.5
Each resident is free from mental and physical abuse.	MET	4	1.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	4.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	102	40.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.4	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	3	1.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.8	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	10	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	168	66.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	120	47.2	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	49	19.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	61	24.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	39	15.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	29	11.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	80	31.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	56	22.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	105	41.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	36	14.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	5	2.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	13.8	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	50	19.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	15.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	24	9.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	3.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	129	50.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	140	55.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	182	71.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	72	28.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	184	72.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE EASTERN STAR NURSING HOME

Street Address: 707 228TH SW		City and State: BOTHELL WA 98011	
Participation: MEDICAID SNF/ICF	# of Beds: 99	Type of Ownership: NON-PROFIT OTHER	Survey Date: 02/23/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 97	Medicare Residents: 0	Medicaid Residents: 44	
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	75	77.3	80.1	81.5
Dressing				
Residents requiring some or total assistance in dressing.	87	89.7	82.6	83.2
Toileting				
Residents requiring some or total assistance in toileting.	79	81.4	73.3	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	80	82.5	89.5	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	71	73.2	67.8	68.2
Residents on individually written bowel and bladder retraining program.	5	5.2	5.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	30	30.9	35.2	37.7
Completely bedfast residents.	0	0.0	1.5	3.4
Residents confined to chairs.	29	29.9	48.3	50.8
Residents requiring restraints.	66	68.0	40.5	41.3
Confused or disoriented residents.	73	75.3	57.1	58.4
Residents with bed sores.	11	11.3	6.4	7.1
Residents receiving special skin care.	58	59.8	28.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	8	3.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.9	518	5.5
Each resident is free from mental and physical abuse.	MET	4	1.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	4.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	102	40.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.4	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	3	1.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.8	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	10	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	168	66.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	120	47.2	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	49	19.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	61	24.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	39	15.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	29	11.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	80	31.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	56	22.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	105	41.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	36	14.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	5	2.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	13.8	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	50	19.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	15.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	24	9.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	3.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	129	50.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	140	55.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	182	71.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	72	28.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	184	72.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE NORTHSHORE MANOR

Street Address: 10909 NE 185TH ST		City and State: BOTHELL WA 98011	
Participation: MEDICAID SNF/ICF	# of Beds: 135	Type of Ownership: NON-PROFIT OTHER	Survey Date: 11/06/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 132	Medicare Residents: 0	Medicaid Residents: 95
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	132	100	80.1	81.5
Dressing				
Residents requiring some or total assistance in dressing.	117	88.6	82.6	83.2
Toileting				
Residents requiring some or total assistance in toileting.	108	81.8	73.3	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	132	100	89.5	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	113	85.6	67.8	68.2
Residents on individually written bowel and bladder retraining program.	4	3.0	5.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	46	34.8	35.2	37.7
Completely bedfast residents.	4	3.0	1.5	3.4
Residents confined to chairs.	110	83.3	48.3	50.8
Residents requiring restraints.	85	64.4	40.5	41.3
Confused or disoriented residents.	71	53.8	57.1	58.4
Residents with bed sores.	20	15.2	6.4	7.1
Residents receiving special skin care.	50	37.9	28.0	31.2

SELECTED PERFORMANCE INDICATORS

“Facility” column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. “State” and “Nation” columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. “Met” means that the facility is in compliance with the specific requirement. “Not Met” means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	8	3.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.9	518	5.5
Each resident is free from mental and physical abuse.	NOT MET	4	1.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	4.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	102	40.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.4	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	3	1.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.8	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	10	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	168	66.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	120	47.2	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	49	19.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	61	24.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	39	15.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	29	11.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	80	31.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	56	22.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	105	41.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	36	14.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	5	2.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	13.8	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	50	19.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	15.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	24	9.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	3.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	129	50.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	140	55.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	182	71.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	72	28.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	184	72.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE BELMONT TERRACE

Street Address:		City and State:	
560 LEBO BOULEVARD		BREMERTON WA 98310	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	102	PROPRIETARY	05/15/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
98	0	63

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	80	81.6	80.1	81.5
Dressing				
Residents requiring some or total assistance in dressing.	82	83.7	82.6	83.2
Toileting				
Residents requiring some or total assistance in toileting.	69	70.4	73.3	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	69	70.4	89.5	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	70	71.4	67.8	68.2
Residents on individually written bowel and bladder retraining program.	5	5.1	5.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	48	49.0	35.2	37.7
Completely bedfast residents.	1	1.0	1.5	3.4
Residents confined to chairs.	60	61.2	48.3	50.8
Residents requiring restraints.	50	51.0	40.5	41.3
Confused or disoriented residents.	66	67.3	57.1	58.4
Residents with bed sores.	4	4.1	6.4	7.1
Residents receiving special skin care.	8	8.2	28.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	8	3.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	10	3.9	518	5.5
Each resident is free from mental and physical abuse.	MET	4	1.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	4.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	102	40.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.4	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	3	1.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.8	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	10	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	168	66.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	120	47.2	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	49	19.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	61	24.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	39	15.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	29	11.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	80	31.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	56	22.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	105	41.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	36	14.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	5	2.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	13.8	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	50	19.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	15.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	24	9.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	3.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	129	50.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	140	55.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	182	71.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	72	28.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	184	72.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE BREMERTON CONVALESCENT CENTER

Street Address: 2701 CLARE AVENUE		City and State: BREMERTON WA 98310	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 140	Type of Ownership: PROPRIETARY	Survey Date: 12/23/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 113	Medicare Residents: 2	Medicaid Residents: 73
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	88	77.9	80.1	81.5
Dressing				
Residents requiring some or total assistance in dressing.	96	85.0	82.6	83.2
Toileting				
Residents requiring some or total assistance in toileting.	83	73.5	73.3	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	113	100	89.5	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	80	70.8	67.8	68.2
Residents on individually written bowel and bladder retraining program.	9	8.0	5.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	37	32.7	35.2	37.7
Completely bedfast residents.	0	0.0	1.5	3.4
Residents confined to chairs.	65	57.5	48.3	50.8
Residents requiring restraints.	52	46.0	40.5	41.3
Confused or disoriented residents.	72	63.7	57.1	58.4
Residents with bed sores.	17	15.0	6.4	7.1
Residents receiving special skin care.	22	19.5	28.0	31.2

SELECTED PERFORMANCE INDICATORS

“Facility” column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. “State” and “Nation” columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. “Met” means that the facility is in compliance with the specific requirement. “Not Met” means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	8	3.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.9	518	5.5
Each resident is free from mental and physical abuse.	MET	4	1.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	4.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	102	40.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.4	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	3	1.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	NOT MET	7	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.8	49	0.5
Nursing services are provided at all times to meet the needs of residents.	NOT MET	10	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	168	66.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	120	47.2	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	49	19.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	61	24.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	39	15.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	29	11.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	80	31.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	56	22.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	105	41.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	36	14.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	5	2.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	13.8	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	50	19.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	40	15.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	24	9.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	8	3.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	129	50.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	140	55.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	182	71.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	72	28.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	184	72.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE FOREST RIDGE CONVALESCENT CENTER

Street Address:		City and State:	
140 S MARION AVE		BREMERTON WA 98310	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	98	PROPRIETARY	02/25/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
96	0	63		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	85	88.5	80.1	81.5
Dressing				
Residents requiring some or total assistance in dressing.	88	91.7	82.6	83.2
Toileting				
Residents requiring some or total assistance in toileting.	70	72.9	73.3	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	96	100	89.5	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	51	53.1	67.8	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	5.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	30	31.3	35.2	37.7
Completely bedfast residents.	2	2.1	1.5	3.4
Residents confined to chairs.	32	33.3	48.3	50.8
Residents requiring restraints.	22	22.9	40.5	41.3
Confused or disoriented residents.	30	31.3	57.1	58.4
Residents with bed sores.	2	2.1	6.4	7.1
Residents receiving special skin care.	24	25.0	28.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	8	3.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.9	518	5.5
Each resident is free from mental and physical abuse.	MET	4	1.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	4.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	102	40.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.4	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	3	1.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.8	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	10	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	168	66.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	120	47.2	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	49	19.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	61	24.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	39	15.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	29	11.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	80	31.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	56	22.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	105	41.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	36	14.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	5	2.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	13.8	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	50	19.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	15.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	24	9.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	3.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	129	50.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	140	55.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	182	71.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	72	28.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	184	72.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE RESTHAVEN HEALTH CARE CENTER

Street Address: 3517 ELEVENTH STREET		City and State: BREMERTON WA 98310	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 91	Type of Ownership: PROPRIETARY	Survey Date: 01/29/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 89	Medicare Residents: 1	Medicaid Residents: 42	
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	60	67.4	80.1	81.5
Dressing				
Residents requiring some or total assistance in dressing.	66	74.2	82.6	83.2
Toileting				
Residents requiring some or total assistance in toileting.	67	75.3	73.3	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	87	97.8	89.5	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	68	76.4	67.8	68.2
Residents on individually written bowel and bladder retraining program.	7	7.9	5.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	37	41.6	35.2	37.7
Completely bedfast residents.	1	1.1	1.5	3.4
Residents confined to chairs.	48	53.9	48.3	50.8
Residents requiring restraints.	53	59.6	40.5	41.3
Confused or disoriented residents.	32	36.0	57.1	58.4
Residents with bed sores.	5	5.6	6.4	7.1
Residents receiving special skin care.	39	43.8	28.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	8	3.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.9	518	5.5
Each resident is free from mental and physical abuse.	MET	4	1.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	4.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	102	40.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.4	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	3	1.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.8	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	10	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	168	66.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	120	47.2	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	49	19.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	61	24.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	39	15.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	29	11.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	80	31.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	56	22.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	105	41.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	36	14.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	5	2.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	13.8	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	50	19.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	15.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	24	9.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	3.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	129	50.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	140	55.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	182	71.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	72	28.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	184	72.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE HARMONY HOUSE

Street Address: 100 RIVER PLAZA (P O BOX 826)		City and State: BREWSTER WA 98812	
Participation: MEDICAID SNF/ICF	# of Beds: 73	Type of Ownership: PROPRIETARY	Survey Date: 06/16/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 67	Medicare Residents: 0	Medicaid Residents: 54
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	52	77.6	80.1	81.5
Dressing				
Residents requiring some or total assistance in dressing.	51	76.1	82.6	83.2
Toileting				
Residents requiring some or total assistance in toileting.	47	70.1	73.3	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	47	70.1	89.5	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	47	70.1	67.8	68.2
Residents on individually written bowel and bladder retraining program.	12	17.9	5.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	21	31.3	35.2	37.7
Completely bedfast residents.	2	3.0	1.5	3.4
Residents confined to chairs.	21	31.3	48.3	50.8
Residents requiring restraints.	31	46.3	40.5	41.3
Confused or disoriented residents.	45	67.2	57.1	58.4
Residents with bed sores.	7	10.4	6.4	7.1
Residents receiving special skin care.	21	31.3	28.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	8	3.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.9	518	5.5
Each resident is free from mental and physical abuse.	MET	4	1.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	4.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	102	40.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.4	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	3	1.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.8	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	10	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	168	66.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	120	47.2	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	49	19.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	61	24.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	39	15.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	29	11.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	80	31.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	56	22.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	105	41.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	36	14.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	5	2.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	13.8	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	50	19.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	15.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	24	9.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	3.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	129	50.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	140	55.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	182	71.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	72	28.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	184	72.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE BURTON NURSING HOME

Street Address:		City and State:	
1036 VICTORIA AVE		BURLINGTON WA 98233	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID ICF	49	PROPRIETARY	10/02/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
48	0	20

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	38	79.2	60.0	78.3
Dressing				
Residents requiring some or total assistance in dressing.	38	79.2	50.0	76.7
Toileting				
Residents requiring some or total assistance in toileting.	34	70.8	33.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	48	100	39.2	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	29	60.4	34.5	59.1
Residents on individually written bowel and bladder retraining program.	24	50.0	9.9	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	12	25.0	9.0	29.3
Completely bedfast residents.	1	2.1	0.6	3.6
Residents confined to chairs.	11	22.9	8.2	39.1
Residents requiring restraints.	20	41.7	9.6	31.7
Confused or disoriented residents.	29	60.4	53.0	55.8
Residents with bed sores.	0	0.0	2.3	4.7
Residents receiving special skin care.	12	25.0	19.7	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	1	3.4	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	2	6.9	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	3.4	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	3.4	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	0	0.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	8	27.6	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	0	0.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	1	3.4	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	4	13.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	0	0.0	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	0	0.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	3	10.3	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	2	6.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	14	48.3	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	3	10.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	3.4	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	4	13.8	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	6	20.7	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	2	6.9	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	4	13.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	2	6.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	10.3	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	20	69.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE CAMANO SHORES NURSING HOME

Street Address:		City and State:	
1054 SW CAMANO DRIVE		CAMANO ISLAND WA 98292	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID ICF	24	PROPRIETARY	07/06/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:	
21	0	16	

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	17	81.0	60.0	78.3
Dressing				
Residents requiring some or total assistance in dressing.	5	23.8	50.0	76.7
Toileting				
Residents requiring some or total assistance in toileting.	5	23.8	33.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	11	52.4	39.2	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	5	23.8	34.5	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	9.9	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	0	0.0	9.0	29.3
Completely bedfast residents.	0	0.0	0.6	3.6
Residents confined to chairs.	2	9.5	8.2	39.1
Residents requiring restraints.	0	0.0	9.6	31.7
Confused or disoriented residents.	17	81.0	53.0	55.8
Residents with bed sores.	1	4.8	2.3	4.7
Residents receiving special skin care.	2	9.5	19.7	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	1	3.4	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	2	6.9	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	3.4	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	3.4	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	0	0.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	8	27.6	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	0	0.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	1	3.4	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	4	13.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	0	0.0	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	0	0.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	3	10.3	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	2	6.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	14	48.3	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	3	10.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	3.4	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	4	13.8	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	6	20.7	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	2	6.9	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	4	13.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	2	6.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	10.3	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	20	69.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE HIGHLAND TERRACE NURSING CENTER

Street Address:		City and State:	
640 NE EVERETT STREET		CAMAS WA 98607	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	131	PROPRIETARY	03/06/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
122	0	99		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	110	90.2	80.1	81.5
Dressing				
Residents requiring some or total assistance in dressing.	112	91.8	82.6	83.2
Toileting				
Residents requiring some or total assistance in toileting.	94	77.0	73.3	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	75	61.5	89.5	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	69	56.6	67.8	68.2
Residents on individually written bowel and bladder retraining program.	3	2.5	5.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	37	30.3	35.2	37.7
Completely bedfast residents.	1	0.8	1.5	3.4
Residents confined to chairs.	24	19.7	48.3	50.8
Residents requiring restraints.	39	32.0	40.5	41.3
Confused or disoriented residents.	40	32.8	57.1	58.4
Residents with bed sores.	9	7.4	6.4	7.1
Residents receiving special skin care.	24	19.7	28.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	8	3.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.9	518	5.5
Each resident is free from mental and physical abuse.	MET	4	1.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	4.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	102	40.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.4	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	3	1.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.8	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	10	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	168	66.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	120	47.2	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	49	19.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	61	24.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	39	15.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	29	11.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	80	31.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	56	22.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	105	41.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	36	14.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	5	2.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	13.8	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	50	19.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	15.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	24	9.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	3.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	129	50.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	140	55.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	182	71.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	72	28.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	184	72.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE CASHMERE CONVALESCENT CENTER

Street Address:		City and State:	
817 PIONEER AVE (P O BOX 626)		CASHMERE WA 98815	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	90	PROPRIETARY	09/30/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
87	0	57

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	53	60.9	80.1	81.5
Dressing				
Residents requiring some or total assistance in dressing.	68	78.2	82.6	83.2
Toileting				
Residents requiring some or total assistance in toileting.	57	65.5	73.3	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	50	57.5	89.5	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	46	52.9	67.8	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	5.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	37	42.5	35.2	37.7
Completely bedfast residents.	1	1.1	1.5	3.4
Residents confined to chairs.	49	56.3	48.3	50.8
Residents requiring restraints.	24	27.6	40.5	41.3
Confused or disoriented residents.	42	48.3	57.1	58.4
Residents with bed sores.	0	0.0	6.4	7.1
Residents receiving special skin care.	6	6.9	28.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	8	3.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.9	518	5.5
Each resident is free from mental and physical abuse.	MET	4	1.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	4.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	102	40.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.4	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	3	1.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.8	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	10	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	168	66.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	120	47.2	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	49	19.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	61	24.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	39	15.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	29	11.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	80	31.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	56	22.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	105	41.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	36	14.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	5	2.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	35	13.8	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	50	19.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	15.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	24	9.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	8	3.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	129	50.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	140	55.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	182	71.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	72	28.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	184	72.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE COLUMBIA VIEW NURSING HOME

Street Address: 155 ALDER (P O BOX 338)		City and State: CATHLAMET WA 98612	
Participation: MEDICAID SNF/ICF	# of Beds: 53	Type of Ownership: PROPRIETARY	Survey Date: 11/13/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 52	Medicare Residents: 0	Medicaid Residents: 41
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	16	30.8	80.1	81.5
Dressing				
Residents requiring some or total assistance in dressing.	32	61.5	82.6	83.2
Toileting				
Residents requiring some or total assistance in toileting.	31	59.6	73.3	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	31	59.6	89.5	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	29	55.8	67.8	68.2
Residents on individually written bowel and bladder retraining program.	12	23.1	5.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	8	15.4	35.2	37.7
Completely bedfast residents.	0	0.0	1.5	3.4
Residents confined to chairs.	7	13.5	48.3	50.8
Residents requiring restraints.	20	38.5	40.5	41.3
Confused or disoriented residents.	15	28.8	57.1	58.4
Residents with bed sores.	2	3.8	6.4	7.1
Residents receiving special skin care.	8	15.4	28.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	8	3.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.9	518	5.5
Each resident is free from mental and physical abuse.	MET	4	1.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	4.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	102	40.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.4	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	3	1.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.8	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	10	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	168	66.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	120	47.2	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	49	19.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	61	24.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	39	15.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	29	11.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	80	31.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	56	22.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	105	41.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	36	14.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	5	2.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	13.8	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	50	19.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	15.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	24	9.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	3.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	129	50.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	140	55.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	182	71.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	72	28.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	184	72.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE CENTRALIA CONVALESCENT CENTER

Street Address:		City and State:	
1015 LONG ROAD		CENTRALIA WA 98531	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	96	NON-PROFIT OTHER	02/13/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
93	1	66		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	88	94.6	80.1	81.5
Dressing				
Residents requiring some or total assistance in dressing.	82	88.2	82.6	83.2
Toileting				
Residents requiring some or total assistance in toileting.	84	90.3	73.3	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	59	63.4	89.5	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	67	72.0	67.8	68.2
Residents on individually written bowel and bladder retraining program.	6	6.5	5.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	33	35.5	35.2	37.7
Completely bedfast residents.	0	0.0	1.5	3.4
Residents confined to chairs.	60	64.5	48.3	50.8
Residents requiring restraints.	60	64.5	40.5	41.3
Confused or disoriented residents.	60	64.5	57.1	58.4
Residents with bed sores.	4	4.3	6.4	7.1
Residents receiving special skin care.	4	4.3	28.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	8	3.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.9	518	5.5
Each resident is free from mental and physical abuse.	MET	4	1.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	4.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	102	40.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.4	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	3	1.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.8	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	10	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	168	66.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	120	47.2	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	49	19.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	61	24.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	39	15.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	29	11.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	80	31.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	56	22.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	105	41.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	36	14.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	5	2.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	13.8	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	50	19.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	15.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	24	9.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	3.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	129	50.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	140	55.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	182	71.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	72	28.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	184	72.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE EDISON MANOR CARE CENTER

Street Address:		City and State:	
708 G STREET		CENTRALIA WA 98531	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID ICF	40	PROPRIETARY	10/26/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
38	0	31		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	12	31.6	60.0	78.3
Dressing				
Residents requiring some or total assistance in dressing.	26	68.4	50.0	76.7
Toileting				
Residents requiring some or total assistance in toileting.	12	31.6	33.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	38	100	39.2	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	16	42.1	34.5	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	9.9	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	4	10.5	9.0	29.3
Completely bedfast residents.	0	0.0	0.6	3.6
Residents confined to chairs.	5	13.2	8.2	39.1
Residents requiring restraints.	5	13.2	9.6	31.7
Confused or disoriented residents.	16	42.1	53.0	55.8
Residents with bed sores.	2	5.3	2.3	4.7
Residents receiving special skin care.	11	28.9	19.7	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	1	3.4	564	10.3
Each resident is given privacy during treatment and care of personal needs.	NOT MET	2	6.9	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	3.4	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	3.4	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	0	0.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	8	27.6	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	0	0.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	1	3.4	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	4	13.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	0	0.0	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	0	0.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	3	10.3	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	2	6.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	14	48.3	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	3	10.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	3.4	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	4	13.8	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	6	20.7	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	2	6.9	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	4	13.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	2	6.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	10.3	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	20	69.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE LIBERTY MANOR CARE CENTER

Street Address: 1126 S GOLD ST		City and State: CENTRALIA WA 98531	
Participation: MEDICAID SNF/ICF	# of Beds: 58	Type of Ownership: PROPRIETARY	Survey Date: 06/10/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 55	Medicare Residents: 0	Medicaid Residents: 53
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	45	81.8	80.1	81.5
Dressing				
Residents requiring some or total assistance in dressing.	49	89.1	82.6	83.2
Toileting				
Residents requiring some or total assistance in toileting.	47	85.5	73.3	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	41	74.5	89.5	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	50	90.9	67.8	68.2
Residents on individually written bowel and bladder retraining program.	2	3.6	5.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	30	54.5	35.2	37.7
Completely bedfast residents.	0	0.0	1.5	3.4
Residents confined to chairs.	17	30.9	48.3	50.8
Residents requiring restraints.	27	49.1	40.5	41.3
Confused or disoriented residents.	49	89.1	57.1	58.4
Residents with bed sores.	4	7.3	6.4	7.1
Residents receiving special skin care.	12	21.8	28.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	8	3.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.9	518	5.5
Each resident is free from mental and physical abuse.	MET	4	1.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	4.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	102	40.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.4	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	3	1.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.8	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	10	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	168	66.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	120	47.2	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	49	19.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	61	24.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	39	15.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	29	11.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	80	31.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	56	22.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	105	41.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	36	14.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	5	2.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	13.8	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	50	19.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	15.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	24	9.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	3.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	129	50.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	140	55.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	182	71.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	72	28.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	184	72.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE SHARON NURSING HOME

Street Address: 1509 HARRISON AVE		City and State: CENTRALIA WA 98531	
Participation: MEDICAID ICF	# of Beds: 42	Type of Ownership: PROPRIETARY	Survey Date: 04/09/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 41	Medicare Residents: 0	Medicaid Residents: 17
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	29	70.7	60.0	78.3
Dressing				
Residents requiring some or total assistance in dressing.	31	75.6	50.0	76.7
Toileting				
Residents requiring some or total assistance in toileting.	20	48.8	33.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	15	36.6	39.2	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	15	36.6	34.5	59.1
Residents on individually written bowel and bladder retraining program.	2	4.9	9.9	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	4	9.8	9.0	29.3
Completely bedfast residents.	0	0.0	0.6	3.6
Residents confined to chairs.	2	4.9	8.2	39.1
Residents requiring restraints.	9	22.0	9.6	31.7
Confused or disoriented residents.	14	34.1	53.0	55.8
Residents with bed sores.	0	0.0	2.3	4.7
Residents receiving special skin care.	0	0.0	19.7	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	1	3.4	564	10.3
Each resident is given privacy during treatment and care of personal needs.	NOT MET	2	6.9	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	3.4	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	3.4	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	0	0.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	8	27.6	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	0	0.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	1	3.4	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	4	13.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	0	0.0	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	0	0.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	3	10.3	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	2	6.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	14	48.3	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	3	10.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	3.4	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	4	13.8	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	6	20.7	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	2	6.9	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	4	13.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	2	6.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	10.3	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	20	69.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE SOUTH TOWER CARE CENTER

Street Address:		City and State:	
1215 S TOWER AVE		CENTRALIA WA 98531	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID ICF	27	PROPRIETARY	04/18/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
25	0	19		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	9	36.0	60.0	78.3
Dressing				
Residents requiring some or total assistance in dressing.	12	48.0	50.0	76.7
Toileting				
Residents requiring some or total assistance in toileting.	7	28.0	33.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	19	76.0	39.2	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	13	52.0	34.5	59.1
Residents on individually written bowel and bladder retraining program.	2	8.0	9.9	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	1	4.0	9.0	29.3
Completely bedfast residents.	0	0.0	0.6	3.6
Residents confined to chairs.	1	4.0	8.2	39.1
Residents requiring restraints.	0	0.0	9.6	31.7
Confused or disoriented residents.	21	84.0	53.0	55.8
Residents with bed sores.	0	0.0	2.3	4.7
Residents receiving special skin care.	5	20.0	19.7	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	1	3.4	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	2	6.9	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	3.4	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	3.4	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	0	0.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	8	27.6	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	0	0.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	1	3.4	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	4	13.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	0	0.0	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	0	0.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	3	10.3	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	2	6.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	14	48.3	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	3	10.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	3.4	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	4	13.8	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	6	20.7	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	2	6.9	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	4	13.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	2	6.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	10.3	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	20	69.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE WA HEALTH CARE CENTER - RIVERSIDE

Street Address:		City and State:	
1305 ALEXANDER		CENTRALIA WA 98531	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID SNF/ICF	131	PROPRIETARY	03/31/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
119	0	69		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	88	73.9	80.1	81.5
Dressing				
Residents requiring some or total assistance in dressing.	85	71.4	82.6	83.2
Toileting				
Residents requiring some or total assistance in toileting.	76	63.9	73.3	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	119	100	89.5	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	72	60.5	67.8	68.2
Residents on individually written bowel and bladder retraining program.	1	0.8	5.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	31	26.1	35.2	37.7
Completely bedfast residents.	2	1.7	1.5	3.4
Residents confined to chairs.	71	59.7	48.3	50.8
Residents requiring restraints.	49	41.2	40.5	41.3
Confused or disoriented residents.	91	76.5	57.1	58.4
Residents with bed sores.	18	15.1	6.4	7.1
Residents receiving special skin care.	25	21.0	28.0	31.2

SELECTED PERFORMANCE INDICATORS

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	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	NOT MET	8	3.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.9	518	5.5
Each resident is free from mental and physical abuse.	NOT MET	4	1.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	11	4.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	102	40.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.4	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	NOT MET	3	1.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.8	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	10	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	168	66.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	120	47.2	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	49	19.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	61	24.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	39	15.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	29	11.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	80	31.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	56	22.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	105	41.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	36	14.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	5	2.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	13.8	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	50	19.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	15.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	24	9.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	3.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	129	50.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	140	55.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	182	71.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	72	28.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	184	72.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE WALKER CARE CENTER

Street Address: 408 S KING ST		City and State: CENTRALIA WA 98531	
Participation: MEDICAID SNF/ICF	# of Beds: 48	Type of Ownership: PROPRIETARY	Survey Date: 10/15/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 46	Medicare Residents: 0	Medicaid Residents: 40		
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	22	47.8	80.1	81.5
Dressing				
Residents requiring some or total assistance in dressing.	32	69.6	82.6	83.2
Toileting				
Residents requiring some or total assistance in toileting.	28	60.9	73.3	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	28	60.9	89.5	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	26	56.5	67.8	68.2
Residents on individually written bowel and bladder retraining program.	6	13.0	5.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	9	19.6	35.2	37.7
Completely bedfast residents.	0	0.0	1.5	3.4
Residents confined to chairs.	7	15.2	48.3	50.8
Residents requiring restraints.	23	50.0	40.5	41.3
Confused or disoriented residents.	42	91.3	57.1	58.4
Residents with bed sores.	2	4.3	6.4	7.1
Residents receiving special skin care.	3	6.5	28.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	8	3.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.9	518	5.5
Each resident is free from mental and physical abuse.	MET	4	1.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	4.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	102	40.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.4	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	3	1.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.8	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	10	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	168	66.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	120	47.2	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	49	19.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	61	24.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	39	15.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	29	11.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	80	31.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	56	22.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	105	41.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	36	14.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	5	2.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	13.8	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	50	19.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	15.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	24	9.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	3.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	129	50.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	140	55.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	182	71.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	72	28.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	184	72.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE SAINT HELEN HOSPITAL

Street Address:		City and State:	
500 SE WASHINGTON AVE (P O BOX 1507)		CHEHALIS WA 98532	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	41	NON-PROFIT RELIGIOUS	10/30/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
39	14	20

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	19	48.7	80.1	81.5
Dressing				
Residents requiring some or total assistance in dressing.	38	97.4	82.6	83.2
Toileting				
Residents requiring some or total assistance in toileting.	33	84.6	73.3	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	38	97.4	89.5	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	38	97.4	67.8	68.2
Residents on individually written bowel and bladder retraining program.	16	41.0	5.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	18	46.2	35.2	37.7
Completely bedfast residents.	0	0.0	1.5	3.4
Residents confined to chairs.	38	97.4	48.3	50.8
Residents requiring restraints.	11	28.2	40.5	41.3
Confused or disoriented residents.	23	59.0	57.1	58.4
Residents with bed sores.	5	12.8	6.4	7.1
Residents receiving special skin care.	6	15.4	28.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	8	3.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.9	518	5.5
Each resident is free from mental and physical abuse.	MET	4	1.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	4.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	102	40.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.4	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	3	1.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.8	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	10	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	168	66.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	120	47.2	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	49	19.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	61	24.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	39	15.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	29	11.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	80	31.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	56	22.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	105	41.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	36	14.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	5	2.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	13.8	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	50	19.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	15.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	24	9.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	3.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	129	50.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	140	55.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	182	71.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	72	28.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	184	72.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE REGENCY MANOR

Street Address:		City and State:	
726 MARKESON (P. O. BOX 609)		CHELAN WA 98816	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID SNF/ICF	80	PROPRIETARY	09/30/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
76	0	65		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	58	76.3	80.1	81.5
Dressing				
Residents requiring some or total assistance in dressing.	59	77.6	82.6	83.2
Toileting				
Residents requiring some or total assistance in toileting.	51	67.1	73.3	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	51	67.1	89.5	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	41	53.9	67.8	68.2
Residents on individually written bowel and bladder retraining program.	13	17.1	5.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	21	27.6	35.2	37.7
Completely bedfast residents.	2	2.6	1.5	3.4
Residents confined to chairs.	49	64.5	48.3	50.8
Residents requiring restraints.	37	48.7	40.5	41.3
Confused or disoriented residents.	54	71.1	57.1	58.4
Residents with bed sores.	3	3.9	6.4	7.1
Residents receiving special skin care.	29	38.2	28.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	8	3.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.9	518	5.5
Each resident is free from mental and physical abuse.	MET	4	1.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	4.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	102	40.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.4	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	3	1.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.8	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	10	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	168	66.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	120	47.2	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	49	19.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	61	24.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	39	15.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	29	11.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	80	31.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	56	22.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	105	41.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	36	14.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	5	2.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	13.8	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	50	19.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	15.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	24	9.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	3.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	129	50.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	140	55.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	182	71.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	72	28.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	184	72.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE CHENEY CARE CENTER

Street Address: 2219 N SIXTH ST		City and State: CHENEY WA 99004	
Participation: MEDICAID SNF/ICF	# of Beds: 62	Type of Ownership: NON-PROFIT OTHER	Survey Date: 07/28/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 62	Medicare Residents: 0	Medicaid Residents: 62	
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	51	82.3	80.1	81.5
Dressing Residents requiring some or total assistance in dressing.	53	85.5	82.6	83.2
Toileting Residents requiring some or total assistance in toileting.	50	80.6	73.3	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	48	77.4	89.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	45	72.6	67.8	68.2
 Residents on individually written bowel and bladder retraining program.	0	0.0	5.6	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	17	27.4	35.2	37.7
 Completely bedfast residents.	0	0.0	1.5	3.4
 Residents confined to chairs.	43	69.4	48.3	50.8
 Residents requiring restraints.	34	54.8	40.5	41.3
 Confused or disoriented residents.	60	96.8	57.1	58.4
 Residents with bed sores.	8	12.9	6.4	7.1
 Residents receiving special skin care.	43	69.4	28.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	8	3.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.9	518	5.5
Each resident is free from mental and physical abuse.	MET	4	1.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	4.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	102	40.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.4	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	3	1.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.8	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	10	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	168	66.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	120	47.2	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	49	19.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	61	24.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	39	15.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	29	11.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	80	31.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	56	22.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	105	41.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	36	14.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	5	2.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	13.8	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	50	19.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	40	15.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	24	9.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	3.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	129	50.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	140	55.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	182	71.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	72	28.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	184	72.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE CLARKSTON CARE CENTER

Street Address:		City and State:	
1242 ELEVENTH ST		CLARKSTON WA 99403	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	85	PROPRIETARY	11/23/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
73	0	66

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	72	98.6	80.1	81.5
Dressing				
Residents requiring some or total assistance in dressing.	55	75.3	82.6	83.2
Toileting				
Residents requiring some or total assistance in toileting.	49	67.1	73.3	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	45	61.6	89.5	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	26	35.6	67.8	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	5.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	22	30.1	35.2	37.7
Completely bedfast residents.	0	0.0	1.5	3.4
Residents confined to chairs.	21	28.8	48.3	50.8
Residents requiring restraints.	27	37.0	40.5	41.3
Confused or disoriented residents.	27	37.0	57.1	58.4
Residents with bed sores.	3	4.1	6.4	7.1
Residents receiving special skin care.	18	24.7	28.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	8	3.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.9	518	5.5
Each resident is free from mental and physical abuse.	MET	4	1.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	4.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	102	40.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.4	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	3	1.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.8	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	10	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	168	66.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	120	47.2	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	49	19.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	61	24.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	39	15.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	29	11.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	80	31.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	56	22.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	105	41.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	36	14.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	5	2.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	35	13.8	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	50	19.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	15.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	24	9.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	3.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	129	50.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	140	55.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	182	71.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	72	28.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	184	72.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE TRI-STATE CONVALESCENT CENTER

Street Address: 1255 BELMONT WAY (P O BOX 508)		City and State: CLARKSTON WA 99403	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 124	Type of Ownership: PROPRIETARY	Survey Date: 06/22/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 108	Medicare Residents: 2	Medicaid Residents: 70		
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	87	80.6	80.1	81.5
Dressing				
Residents requiring some or total assistance in dressing.	96	88.9	82.6	83.2
Toileting				
Residents requiring some or total assistance in toileting.	78	72.2	73.3	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	83	76.9	89.5	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	52	48.1	67.8	68.2
Residents on individually written bowel and bladder retraining program.	3	2.8	5.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	13	12.0	35.2	37.7
Completely bedfast residents.	0	0.0	1.5	3.4
Residents confined to chairs.	58	53.7	48.3	50.8
Residents requiring restraints.	63	58.3	40.5	41.3
Confused or disoriented residents.	42	38.9	57.1	58.4
Residents with bed sores.	11	10.2	6.4	7.1
Residents receiving special skin care.	20	18.5	28.0	31.2

SELECTED PERFORMANCE INDICATORS

“Facility” column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. “State” and “Nation” columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. “Met” means that the facility is in compliance with the specific requirement. “Not Met” means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	8	3.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.9	518	5.5
Each resident is free from mental and physical abuse.	MET	4	1.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	4.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	102	40.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.4	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	3	1.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.8	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	10	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	168	66.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	120	47.2	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	49	19.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	61	24.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	39	15.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	29	11.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	80	31.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	56	22.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	105	41.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	36	14.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	5	2.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	35	13.8	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	50	19.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	15.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	24	9.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	3.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	129	50.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	140	55.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	182	71.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	72	28.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	184	72.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE PINECREST MANOR CONVALESCENT HOME

Street Address:		City and State:	
601 POWER ST		CLE ELUM WA 98922	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID SNF/ICF	61	PROPRIETARY	03/09/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
60	0	41

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	50	83.3	80.1	81.5
Dressing				
Residents requiring some or total assistance in dressing.	49	81.7	82.6	83.2
Toileting				
Residents requiring some or total assistance in toileting.	45	75.0	73.3	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	45	75.0	89.5	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	42	70.0	67.8	68.2
Residents on individually written bowel and bladder retraining program.	7	11.7	5.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	31	51.7	35.2	37.7
Completely bedfast residents.	0	0.0	1.5	3.4
Residents confined to chairs.	42	70.0	48.3	50.8
Residents requiring restraints.	36	60.0	40.5	41.3
Confused or disoriented residents.	50	83.3	57.1	58.4
Residents with bed sores.	0	0.0	6.4	7.1
Residents receiving special skin care.	19	31.7	28.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	8	3.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.9	518	5.5
Each resident is free from mental and physical abuse.	MET	4	1.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	4.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	102	40.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.4	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	3	1.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.8	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	10	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	168	66.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	120	47.2	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	49	19.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	61	24.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	39	15.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	29	11.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	80	31.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	56	22.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	105	41.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	36	14.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	5	2.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	13.8	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	50	19.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	15.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	24	9.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	3.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	129	50.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	140	55.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	182	71.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	72	28.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	184	72.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE WHITMAN CONVALESCENT CENTER

Street Address:		City and State:	
ALMOTA ROAD		COLFAX WA 99111	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	74	PROPRIETARY	04/28/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
69	1	38

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	68	98.6	80.1	81.5
Dressing				
Residents requiring some or total assistance in dressing.	55	79.7	82.6	83.2
Toileting				
Residents requiring some or total assistance in toileting.	52	75.4	73.3	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	48	69.6	89.5	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	50	72.5	67.8	68.2
Residents on individually written bowel and bladder retraining program.	25	36.2	5.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	32	46.4	35.2	37.7
Completely bedfast residents.	0	0.0	1.5	3.4
Residents confined to chairs.	15	21.7	48.3	50.8
Residents requiring restraints.	34	49.3	40.5	41.3
Confused or disoriented residents.	43	62.3	57.1	58.4
Residents with bed sores.	5	7.2	6.4	7.1
Residents receiving special skin care.	25	36.2	28.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	8	3.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.9	518	5.5
Each resident is free from mental and physical abuse.	MET	4	1.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	4.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	102	40.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.4	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	3	1.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.8	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	10	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	168	66.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	120	47.2	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	49	19.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	61	24.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	39	15.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	29	11.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	80	31.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	56	22.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	105	41.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	36	14.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	5	2.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	13.8	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	50	19.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	40	15.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	24	9.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	3.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	129	50.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	140	55.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	182	71.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	72	28.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	184	72.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE BLUE MOUNTAIN CONVALESCENT CENTER

Street Address: 1200 SE TWELFTH ST		City and State: COLLEGE PLACE WA 99324	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 123	Type of Ownership: PROPRIETARY	Survey Date: 08/06/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 102	Medicare Residents: 1	Medicaid Residents: 59
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	90	88.2	80.1	81.5
Dressing				
Residents requiring some or total assistance in dressing.	83	81.4	82.6	83.2
Toileting				
Residents requiring some or total assistance in toileting.	76	74.5	73.3	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	79	77.5	89.5	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	80	78.4	67.8	68.2
Residents on individually written bowel and bladder retraining program.	2	2.0	5.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	48	47.1	35.2	37.7
Completely bedfast residents.	4	3.9	1.5	3.4
Residents confined to chairs.	79	77.5	48.3	50.8
Residents requiring restraints.	36	35.3	40.5	41.3
Confused or disoriented residents.	58	56.9	57.1	58.4
Residents with bed sores.	6	5.9	6.4	7.1
Residents receiving special skin care.	0	0.0	28.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	8	3.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.9	518	5.5
Each resident is free from mental and physical abuse.	MET	4	1.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	4.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	102	40.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.4	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	3	1.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.8	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	10	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	168	66.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	120	47.2	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	49	19.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	61	24.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	39	15.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	29	11.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	80	31.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	56	22.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	105	41.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	36	14.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	5	2.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	13.8	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	50	19.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	15.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	24	9.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	3.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	129	50.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	140	55.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	182	71.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	72	28.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	184	72.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE BUENA VISTA

Street Address:		City and State:	
ROUTE 2 BOX 17		COLVILLE WA 99114	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID SNF/ICF	40	PROPRIETARY	06/09/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
39	0	24		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	37	94.9	80.1	81.5
Dressing				
Residents requiring some or total assistance in dressing.	34	87.2	82.6	83.2
Toileting				
Residents requiring some or total assistance in toileting.	37	94.9	73.3	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	39	100	89.5	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	38	97.4	67.8	68.2
Residents on individually written bowel and bladder retraining program.	2	5.1	5.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	11	28.2	35.2	37.7
Completely bedfast residents.	0	0.0	1.5	3.4
Residents confined to chairs.	19	48.7	48.3	50.8
Residents requiring restraints.	21	53.8	40.5	41.3
Confused or disoriented residents.	27	69.2	57.1	58.4
Residents with bed sores.	3	7.7	6.4	7.1
Residents receiving special skin care.	2	5.1	28.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	8	3.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.9	518	5.5
Each resident is free from mental and physical abuse.	MET	4	1.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	4.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	102	40.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.4	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	3	1.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.8	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	10	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	168	66.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	120	47.2	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	49	19.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	61	24.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	39	15.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	29	11.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	80	31.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	56	22.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	105	41.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	36	14.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	5	2.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	35	13.8	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	50	19.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	15.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	24	9.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	3.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	129	50.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	140	55.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	182	71.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	72	28.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	184	72.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE PINWOOD TERRACE NURSING CENTER

Street Address:		City and State:	
1000 E ELEP ST		COLVILLE WA 99114	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	93	PROPRIETARY	06/13/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
80	0	54

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	77	96.2	80.1	81.5
Dressing				
Residents requiring some or total assistance in dressing.	75	93.8	82.6	83.2
Toileting				
Residents requiring some or total assistance in toileting.	71	88.7	73.3	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	59	73.7	89.5	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	47	58.7	67.8	68.2
Residents on individually written bowel and bladder retraining program.	1	1.2	5.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	26	32.5	35.2	37.7
Completely bedfast residents.	1	1.2	1.5	3.4
Residents confined to chairs.	60	75.0	48.3	50.8
Residents requiring restraints.	37	46.2	40.5	41.3
Confused or disoriented residents.	49	61.2	57.1	58.4
Residents with bed sores.	5	6.3	6.4	7.1
Residents receiving special skin care.	35	43.8	28.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	8	3.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.9	518	5.5
Each resident is free from mental and physical abuse.	MET	4	1.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	4.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	102	40.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.4	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	3	1.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.8	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	10	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	168	66.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	120	47.2	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	49	19.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	61	24.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	39	15.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	29	11.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	80	31.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	56	22.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	105	41.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	36	14.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	5	2.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	13.8	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	50	19.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	40	15.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	24	9.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	3.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	129	50.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	140	55.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	182	71.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	72	28.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	184	72.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE CAREAGE OF WHIDBEY

Street Address:		City and State:	
311 N.E. THIRD ST.		COUPEVILLE WA 98239	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID SNF/ICF	59	PROPRIETARY	01/27/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:	
59	0	21	

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	10	16.9	80.1	81.5
Dressing				
Residents requiring some or total assistance in dressing.	17	28.8	82.6	83.2
Toileting				
Residents requiring some or total assistance in toileting.	16	27.1	73.3	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	15	25.4	89.5	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	13	22.0	67.8	68.2
Residents on individually written bowel and bladder retraining program.	8	13.6	5.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	7	11.9	35.2	37.7
Completely bedfast residents.	0	0.0	1.5	3.4
Residents confined to chairs.	1	1.7	48.3	50.8
Residents requiring restraints.	3	5.1	40.5	41.3
Confused or disoriented residents.	7	11.9	57.1	58.4
Residents with bed sores.	2	3.4	6.4	7.1
Residents receiving special skin care.	8	13.6	28.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	8	3.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.9	518	5.5
Each resident is free from mental and physical abuse.	MET	4	1.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	4.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	102	40.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.4	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	3	1.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.8	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	10	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	168	66.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	120	47.2	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	49	19.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	61	24.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	39	15.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	29	11.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	80	31.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	56	22.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	105	41.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	36	14.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	5	2.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	13.8	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	50	19.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	15.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	24	9.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	3.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	129	50.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	140	55.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	182	71.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	72	28.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	184	72.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE CAREAGE OF WHIDBEY

Street Address:		City and State:	
311 N.E. THIRD ST		COUPEVILLE WA 98239	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	59	PROPRIETARY	12/16/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
56	0	33		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	47	83.9	80.1	81.5
Dressing				
Residents requiring some or total assistance in dressing.	47	83.9	82.6	83.2
Toileting				
Residents requiring some or total assistance in toileting.	49	87.5	73.3	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	56	100	89.5	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	31	55.4	67.8	68.2
Residents on individually written bowel and bladder retraining program.	1	1.8	5.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	25	44.6	35.2	37.7
Completely bedfast residents.	1	1.8	1.5	3.4
Residents confined to chairs.	14	25.0	48.3	50.8
Residents requiring restraints.	21	37.5	40.5	41.3
Confused or disoriented residents.	26	46.4	57.1	58.4
Residents with bed sores.	2	3.6	6.4	7.1
Residents receiving special skin care.	23	41.1	28.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	8	3.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.9	518	5.5
Each resident is free from mental and physical abuse.	MET	4	1.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	4.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	102	40.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.4	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	3	1.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.8	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	10	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	168	66.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	120	47.2	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	49	19.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	61	24.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	39	15.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	29	11.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	80	31.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	56	22.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	105	41.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	36	14.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	5	2.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	13.8	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	50	19.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	15.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	24	9.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	3.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	129	50.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	140	55.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	182	71.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	72	28.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	184	72.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE LINCOLN HOSPITAL LTC UNIT

Street Address: 10 NICHOLS STREET		City and State: DAVENPORT WA 98122	
Participation: MEDICAID SNF/ICF	# of Beds: 69	Type of Ownership: NON-PROFIT OTHER	Survey Date: 11/25/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 69	Medicare Residents: 0	Medicaid Residents: 21		
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	62	89.9	80.1	81.5
Dressing Residents requiring some or total assistance in dressing.	56	81.2	82.6	83.2
Toileting Residents requiring some or total assistance in toileting.	51	73.9	73.3	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	54	78.3	89.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	50	72.5	67.8	68.2
 Residents on individually written bowel and bladder retraining program.	4	5.8	5.6	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	23	33.3	35.2	37.7
 Completely bedfast residents.	0	0.0	1.5	3.4
 Residents confined to chairs.	29	42.0	48.3	50.8
 Residents requiring restraints.	22	31.9	40.5	41.3
 Confused or disoriented residents.	47	68.1	57.1	58.4
 Residents with bed sores.	4	5.8	6.4	7.1
 Residents receiving special skin care.	8	11.6	28.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	8	3.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.9	518	5.5
Each resident is free from mental and physical abuse.	MET	4	1.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	4.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	102	40.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.4	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	3	1.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.8	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	10	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	168	66.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	120	47.2	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	49	19.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	61	24.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	39	15.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	29	11.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	80	31.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	56	22.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	105	41.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	36	14.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	5	2.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	35	13.8	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	50	19.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	15.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	24	9.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	3.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	129	50.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	140	55.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	182	71.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	72	28.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	184	72.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE ROBISON NURSING HOME

Street Address:		City and State:	
221 E WASHINGTON		DAYTON WA 99328	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID SNF/ICF	46	LOCAL GOVERNMENT	09/01/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
45	0	36

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	39	86.7	80.1	81.5
Dressing				
Residents requiring some or total assistance in dressing.	36	80.0	82.6	83.2
Toileting				
Residents requiring some or total assistance in toileting.	35	77.8	73.3	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	26	57.8	89.5	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	36	80.0	67.8	68.2
Residents on individually written bowel and bladder retraining program.	9	20.0	5.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	16	35.6	35.2	37.7
Completely bedfast residents.	1	2.2	1.5	3.4
Residents confined to chairs.	19	42.2	48.3	50.8
Residents requiring restraints.	5	11.1	40.5	41.3
Confused or disoriented residents.	26	57.8	57.1	58.4
Residents with bed sores.	4	8.9	6.4	7.1
Residents receiving special skin care.	18	40.0	28.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	NOT MET	8	3.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.9	518	5.5
Each resident is free from mental and physical abuse.	NOT MET	4	1.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	4.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	102	40.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.4	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	3	1.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.8	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	10	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	168	66.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	120	47.2	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	49	19.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	61	24.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	39	15.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	29	11.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	80	31.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	56	22.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	105	41.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	36	14.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	5	2.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	35	13.8	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	50	19.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	40	15.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	24	9.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	3.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	129	50.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	140	55.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	182	71.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	72	28.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	184	72.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE SEATOMA CONVALESCENT CENTER

Street Address: 2800 S 224TH ST(POBOX 3806,KENT98032)		City and State: DES MOINES WA 98198	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 265	Type of Ownership: PROPRIETARY	Survey Date: 05/31/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 260	Medicare Residents: 8	Medicaid Residents: 197	
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	229	88.1	80.1	81.5
Dressing				
Residents requiring some or total assistance in dressing.	236	90.8	82.6	83.2
Toileting				
Residents requiring some or total assistance in toileting.	201	77.3	73.3	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	190	73.1	89.5	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	190	73.1	67.8	68.2
Residents on individually written bowel and bladder retraining program.	20	7.7	5.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	97	37.3	35.2	37.7
Completely bedfast residents.	4	1.5	1.5	3.4
Residents confined to chairs.	129	49.6	48.3	50.8
Residents requiring restraints.	97	37.3	40.5	41.3
Confused or disoriented residents.	185	71.2	57.1	58.4
Residents with bed sores.	15	5.8	6.4	7.1
Residents receiving special skin care.	87	33.5	28.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	8	3.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.9	518	5.5
Each resident is free from mental and physical abuse.	MET	4	1.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	4.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	102	40.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.4	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	3	1.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.8	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	10	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	168	66.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	120	47.2	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	49	19.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	61	24.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	39	15.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	29	11.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	80	31.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	56	22.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	105	41.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	36	14.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	5	2.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	13.8	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	50	19.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	15.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	24	9.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	3.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	129	50.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	140	55.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	182	71.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	72	28.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	184	72.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE WESLEY GARDENS-WESLEY TERRACE

Street Address:		City and State:	
816 S 216TH ST		DES MOINES WA 98188	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID SNF/ICF	35	NON-PROFIT PRIVATE	04/06/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
29	0	9

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	21	72.4	80.1	81.5
Dressing				
Residents requiring some or total assistance in dressing.	28	96.6	82.6	83.2
Toileting				
Residents requiring some or total assistance in toileting.	26	89.7	73.3	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	24	82.8	89.5	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	14	48.3	67.8	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	5.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	7	24.1	35.2	37.7
Completely bedfast residents.	0	0.0	1.5	3.4
Residents confined to chairs.	22	75.9	48.3	50.8
Residents requiring restraints.	15	51.7	40.5	41.3
Confused or disoriented residents.	12	41.4	57.1	58.4
Residents with bed sores.	2	6.9	6.4	7.1
Residents receiving special skin care.	8	27.6	28.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	8	3.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.9	518	5.5
Each resident is free from mental and physical abuse.	MET	4	1.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	4.3	306	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	102	40.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.4	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	3	1.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.8	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	10	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	168	66.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	120	47.2	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	49	19.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	61	24.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	39	15.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	29	11.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	80	31.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	56	22.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	105	41.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	36	14.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	5	2.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	13.8	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	50	19.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	15.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	24	9.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	3.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	129	50.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	140	55.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	182	71.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	72	28.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	184	72.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE WESLEY HOMES - THE GARDENS

Street Address:		City and State:	
815 S 216TH ST		DES MOINES WA 98188	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID SNF/ICF	58	NON-PROFIT RELIGIOUS	05/01/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
54	0	19		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	54	100	80.1	81.5
Dressing				
Residents requiring some or total assistance in dressing.	54	100	82.6	83.2
Toileting				
Residents requiring some or total assistance in toileting.	43	79.6	73.3	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	40	74.1	89.5	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	37	68.5	67.8	68.2
Residents on individually written bowel and bladder retraining program.	1	1.9	5.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	34	63.0	35.2	37.7
Completely bedfast residents.	0	0.0	1.5	3.4
Residents confined to chairs.	16	29.6	48.3	50.8
Residents requiring restraints.	32	59.3	40.5	41.3
Confused or disoriented residents.	44	81.5	57.1	58.4
Residents with bed sores.	5	9.3	6.4	7.1
Residents receiving special skin care.	5	9.3	28.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	8	3.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.9	518	5.5
Each resident is free from mental and physical abuse.	MET	4	1.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	4.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	102	40.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.4	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	3	1.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.8	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	10	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	168	66.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	120	47.2	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	49	19.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	61	24.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	39	15.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	29	11.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	80	31.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	56	22.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	105	41.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	36	14.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	5	2.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	13.8	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	50	19.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	15.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	24	9.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	3.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	129	50.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	140	55.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	182	71.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	72	28.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	184	72.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE HIGHLINE CONVALESCENT CENTER

Street Address:		City and State:	
609 HIGHLINE DRIVE		EAST WENATCHEE WA 98801	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	101	PROPRIETARY	10/01/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
99	0	60

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	98	99.0	80.1	81.5
Dressing				
Residents requiring some or total assistance in dressing.	85	85.9	82.6	83.2
Toileting				
Residents requiring some or total assistance in toileting.	74	74.7	73.3	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	74	74.7	89.5	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	70	70.7	67.8	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	5.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	64	64.6	35.2	37.7
Completely bedfast residents.	11	11.1	1.5	3.4
Residents confined to chairs.	25	25.3	48.3	50.8
Residents requiring restraints.	31	31.3	40.5	41.3
Confused or disoriented residents.	0	0.0	57.1	58.4
Residents with bed sores.	3	3.0	6.4	7.1
Residents receiving special skin care.	33	33.3	28.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	8	3.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.9	518	5.5
Each resident is free from mental and physical abuse.	MET	4	1.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	11	4.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	102	40.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.4	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	3	1.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.8	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	10	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	168	66.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	120	47.2	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	49	19.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	61	24.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	39	15.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	29	11.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	80	31.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	56	22.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	105	41.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	36	14.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	5	2.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	13.8	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	50	19.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	15.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	24	9.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	3.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	129	50.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	140	55.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	182	71.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	72	28.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	184	72.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE AURORA-EDMONDS NURSING HOME

Street Address: 8104 220TH ST SW		City and State: EDMONDS WA 98020	
Participation: MEDICAID ICF	# of Beds: 31	Type of Ownership: PROPRIETARY	Survey Date: 03/31/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 31	Medicare Residents: 0	Medicaid Residents: 23	
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	29	93.5	60.0	78.3
Dressing				
Residents requiring some or total assistance in dressing.	16	51.6	50.0	76.7
Toileting				
Residents requiring some or total assistance in toileting.	13	41.9	33.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	16	51.6	39.2	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	13	41.9	34.5	59.1
Residents on individually written bowel and bladder retraining program.	8	25.8	9.9	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	4	12.9	9.0	29.3
Completely bedfast residents.	0	0.0	0.6	3.6
Residents confined to chairs.	1	3.2	8.2	39.1
Residents requiring restraints.	0	0.0	9.6	31.7
Confused or disoriented residents.	17	54.8	53.0	55.8
Residents with bed sores.	1	3.2	2.3	4.7
Residents receiving special skin care.	19	61.3	19.7	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	1	3.4	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	2	6.9	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	3.4	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	3.4	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	0	0.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	8	27.6	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	0	0.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	1	3.4	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	4	13.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	0	0.0	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	0	0.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	3	10.3	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	2	6.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	14	48.3	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	3	10.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	3.4	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	4	13.8	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	6	20.7	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	2	6.9	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	4	13.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	2	6.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	3	10.3	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	20	69.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE EDMONDS CARE CENTER

Street Address:		City and State:	
21008-76TH AVE W		EDMONDS WA 98020	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	98	PROPRIETARY	04/04/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
92	0	63

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	75	81.5	80.1	81.5
Dressing				
Residents requiring some or total assistance in dressing.	74	80.4	82.6	83.2
Toileting				
Residents requiring some or total assistance in toileting.	63	68.5	73.3	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	92	100	89.5	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	64	69.6	67.8	68.2
Residents on individually written bowel and bladder retraining program.	1	1.1	5.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	50	54.3	35.2	37.7
Completely bedfast residents.	0	0.0	1.5	3.4
Residents confined to chairs.	33	35.9	48.3	50.8
Residents requiring restraints.	36	39.1	40.5	41.3
Confused or disoriented residents.	38	41.3	57.1	58.4
Residents with bed sores.	10	10.9	6.4	7.1
Residents receiving special skin care.	60	65.2	28.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	8	3.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.9	518	5.5
Each resident is free from mental and physical abuse.	MET	4	1.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	4.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	102	40.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.4	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	3	1.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.8	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	10	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	168	66.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	120	47.2	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	49	19.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	61	24.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	39	15.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	29	11.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	80	31.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	56	22.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	105	41.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	36	14.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	5	2.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	13.8	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	50	19.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	15.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	24	9.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	3.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	129	50.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	140	55.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	182	71.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	72	28.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	184	72.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE WASHINGTON HEALTHCARE CTR - ALDERCREST

Street Address:		City and State:	
21400-72ND AVENWE WEST		EDMONDS WA 98020	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	160	PROPRIETARY	02/29/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
158	2	78

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	158	100	80.1	81.5
Dressing				
Residents requiring some or total assistance in dressing.	135	85.4	82.6	83.2
Toileting				
Residents requiring some or total assistance in toileting.	118	74.7	73.3	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	128	81.0	89.5	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	128	81.0	67.8	68.2
Residents on individually written bowel and bladder retraining program.	2	1.3	5.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	67	42.4	35.2	37.7
Completely bedfast residents.	0	0.0	1.5	3.4
Residents confined to chairs.	73	46.2	48.3	50.8
Residents requiring restraints.	89	56.3	40.5	41.3
Confused or disoriented residents.	79	50.0	57.1	58.4
Residents with bed sores.	5	3.2	6.4	7.1
Residents receiving special skin care.	0	0.0	28.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	8	3.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.9	518	5.5
Each resident is free from mental and physical abuse.	MET	4	1.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	4.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	102	40.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.4	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	3	1.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.8	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	10	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	168	66.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	120	47.2	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	49	19.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	61	24.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	39	15.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	29	11.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	80	31.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	56	22.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	105	41.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	36	14.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	5	2.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	13.8	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	50	19.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	15.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	24	9.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	3.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	129	50.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	140	55.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	182	71.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	72	28.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	184	72.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE ROYAL VISTA CARE CENTER

Street Address:		City and State:	
ROUTE 5, RADIO RD (P O BOX 539)		ELLENSBURG WA 98962	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	86	PROPRIETARY	12/28/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
71	1	55		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	66	93.0	80.1	81.5
Dressing				
Residents requiring some or total assistance in dressing.	64	90.1	82.6	83.2
Toileting				
Residents requiring some or total assistance in toileting.	50	70.4	73.3	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	50	70.4	89.5	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	48	67.6	67.8	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	5.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	11	15.5	35.2	37.7
Completely bedfast residents.	0	0.0	1.5	3.4
Residents confined to chairs.	49	69.0	48.3	50.8
Residents requiring restraints.	30	42.3	40.5	41.3
Confused or disoriented residents.	40	56.3	57.1	58.4
Residents with bed sores.	2	2.8	6.4	7.1
Residents receiving special skin care.	7	9.9	28.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	8	3.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.9	518	5.5
Each resident is free from mental and physical abuse.	MET	4	1.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	4.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	102	40.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.4	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	3	1.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.8	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	10	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	168	66.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	120	47.2	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	49	19.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	61	24.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	39	15.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	29	11.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	80	31.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	56	22.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	105	41.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	36	14.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	5	2.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	13.8	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	50	19.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	15.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	24	9.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	3.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	129	50.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	140	55.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	182	71.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	72	28.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	184	72.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE WA HEALTHCARE CTR-GOLD LEAF

Street Address:		City and State:	
1050 E MOUNTAIN VIEW		ELLENSBURG WA 98926	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	80	PROPRIETARY	11/06/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
78	1	49

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	63	80.8	80.1	81.5
Dressing				
Residents requiring some or total assistance in dressing.	51	65.4	82.6	83.2
Toileting				
Residents requiring some or total assistance in toileting.	39	50.0	73.3	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	53	67.9	89.5	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	42	53.8	67.8	68.2
Residents on individually written bowel and bladder retraining program.	3	3.8	5.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	26	33.3	35.2	37.7
Completely bedfast residents.	0	0.0	1.5	3.4
Residents confined to chairs.	33	42.3	48.3	50.8
Residents requiring restraints.	38	48.7	40.5	41.3
Confused or disoriented residents.	44	56.4	57.1	58.4
Residents with bed sores.	4	5.1	6.4	7.1
Residents receiving special skin care.	27	34.6	28.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	8	3.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.9	518	5.5
Each resident is free from mental and physical abuse.	MET	4	1.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	4.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	102	40.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.4	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	NOT MET	3	1.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.8	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	10	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	168	66.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	120	47.2	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	49	19.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	61	24.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	39	15.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	29	11.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	80	31.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	56	22.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	105	41.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	36	14.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	5	2.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	13.8	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	50	19.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	15.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	24	9.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	3.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	129	50.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	140	55.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	182	71.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	72	28.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	184	72.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE BEECHWOOD NURSING HOME

Street Address:		City and State:	
308 E YOUNG ST		ELMA WA 98541	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID ICF	35	NON-PROFIT OTHER	11/06/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
31	0	29		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	21	67.7	60.0	78.3
Dressing				
Residents requiring some or total assistance in dressing.	9	29.0	50.0	76.7
Toileting				
Residents requiring some or total assistance in toileting.	5	16.1	33.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	4	12.9	39.2	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	5	16.1	34.5	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	9.9	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	3	9.7	9.0	29.3
Completely bedfast residents.	0	0.0	0.6	3.6
Residents confined to chairs.	3	9.7	8.2	39.1
Residents requiring restraints.	1	3.2	9.6	31.7
Confused or disoriented residents.	25	80.6	53.0	55.8
Residents with bed sores.	0	0.0	2.3	4.7
Residents receiving special skin care.	11	35.5	19.7	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	1	3.4	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	2	6.9	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	3.4	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	3.4	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	0	0.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	8	27.6	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	0	0.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	1	3.4	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	4	13.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	0	0.0	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	0	0.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	3	10.3	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	2	6.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	14	48.3	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	3	10.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	3.4	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	4	13.8	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	6	20.7	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	2	6.9	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	4	13.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	2	6.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	10.3	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	20	69.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE OAKHURST CONVALESCENT CENTER

Street Address:		City and State:	
506 E YOUNG ST (P O BOX 717)		ELMA WA 98541	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID SNF/ICF	193	PROPRIETARY	03/20/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
162	0	147

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	124	76.5	80.1	81.5
Dressing				
Residents requiring some or total assistance in dressing.	127	78.4	82.6	83.2
Toileting				
Residents requiring some or total assistance in toileting.	116	71.6	73.3	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	140	86.4	89.5	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	121	74.7	67.8	68.2
Residents on individually written bowel and bladder retraining program.	2	1.2	5.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	58	35.8	35.2	37.7
Completely bedfast residents.	1	0.6	1.5	3.4
Residents confined to chairs.	70	43.2	48.3	50.8
Residents requiring restraints.	48	29.6	40.5	41.3
Confused or disoriented residents.	135	83.3	57.1	58.4
Residents with bed sores.	8	4.9	6.4	7.1
Residents receiving special skin care.	68	42.0	28.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	8	3.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.9	518	5.5
Each resident is free from mental and physical abuse.	MET	4	1.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	4.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	102	40.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.4	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	3	1.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.8	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	10	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	168	66.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	120	47.2	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	49	19.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	61	24.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	39	15.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	29	11.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	80	31.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	56	22.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	105	41.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	36	14.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	5	2.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	13.8	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	50	19.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	15.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	24	9.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	3.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	129	50.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	140	55.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	182	71.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	72	28.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	184	72.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE BETHESDA MANOR

Street Address:		City and State:	
2323 JENSEN ST		ENUMCLAW WA 98022	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID SNF/ICF	148	NON-PROFIT PRIVATE	06/20/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:	
113	0	74	

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	110	97.3	80.1	81.5
Dressing				
Residents requiring some or total assistance in dressing.	99	87.6	82.6	83.2
Toileting				
Residents requiring some or total assistance in toileting.	80	70.8	73.3	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	71	62.8	89.5	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	74	65.5	67.8	68.2
Residents on individually written bowel and bladder retraining program.	5	4.4	5.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	35	31.0	35.2	37.7
Completely bedfast residents.	1	0.9	1.5	3.4
Residents confined to chairs.	35	31.0	48.3	50.8
Residents requiring restraints.	47	41.6	40.5	41.3
Confused or disoriented residents.	58	51.3	57.1	58.4
Residents with bed sores.	5	4.4	6.4	7.1
Residents receiving special skin care.	25	22.1	28.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	8	3.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.9	518	5.5
Each resident is free from mental and physical abuse.	MET	4	1.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	4.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	102	40.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.4	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	3	1.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.8	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	10	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	168	66.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	120	47.2	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	49	19.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	61	24.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	39	15.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	29	11.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	80	31.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	56	22.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	105	41.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	36	14.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	5	2.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	13.8	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	50	19.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	15.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	24	9.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	3.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	129	50.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	140	55.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	182	71.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	72	28.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	184	72.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE COLUMBIA BASIN HOSPITAL

Street Address:		City and State:	
SOUTHEAST BLVD		EPHRATA WA 98823	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID SNF/ICF	29	LOCAL GOVERNMENT	08/03/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:	
29	0	21	

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	23	79.3	80.1	81.5
Dressing				
Residents requiring some or total assistance in dressing.	22	75.9	82.6	83.2
Toileting				
Residents requiring some or total assistance in toileting.	19	65.5	73.3	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	26	89.7	89.5	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	20	69.0	67.8	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	5.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	11	37.9	35.2	37.7
Completely bedfast residents.	0	0.0	1.5	3.4
Residents confined to chairs.	23	79.3	48.3	50.8
Residents requiring restraints.	9	31.0	40.5	41.3
Confused or disoriented residents.	16	55.2	57.1	58.4
Residents with bed sores.	4	13.8	6.4	7.1
Residents receiving special skin care.	5	17.2	28.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	8	3.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.9	518	5.5
Each resident is free from mental and physical abuse.	MET	4	1.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	4.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	102	40.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.4	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	3	1.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.8	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	10	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	168	66.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	120	47.2	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	49	19.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	61	24.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	39	15.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	29	11.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	80	31.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	56	22.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	105	41.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	36	14.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	5	2.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	13.8	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	50	19.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	15.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	24	9.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	3.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	129	50.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	140	55.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	182	71.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	72	28.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	184	72.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE BETHANY OF THE NORTHWEST

Street Address:		City and State:	
3322 BROADWAY ST		EVERETT WA 98201	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID SNF/ICF	242	NON-PROFIT RELIGIOUS	09/22/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
237	0	168		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	204	86.1	80.1	81.5
Dressing				
Residents requiring some or total assistance in dressing.	199	84.0	82.6	83.2
Toileting				
Residents requiring some or total assistance in toileting.	190	80.2	73.3	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	212	89.5	89.5	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	183	77.2	67.8	68.2
Residents on individually written bowel and bladder retraining program.	9	3.8	5.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	86	36.3	35.2	37.7
Completely bedfast residents.	21	8.9	1.5	3.4
Residents confined to chairs.	166	70.0	48.3	50.8
Residents requiring restraints.	106	44.7	40.5	41.3
Confused or disoriented residents.	172	72.6	57.1	58.4
Residents with bed sores.	8	3.4	6.4	7.1
Residents receiving special skin care.	124	52.3	28.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	8	3.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.9	518	5.5
Each resident is free from mental and physical abuse.	MET	4	1.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	4.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	102	40.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.4	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	3	1.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.8	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	10	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	168	66.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	120	47.2	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	49	19.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	61	24.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	39	15.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	29	11.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	80	31.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	56	22.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	105	41.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	36	14.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	5	2.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	13.8	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	50	19.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	15.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	24	9.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	3.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	129	50.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	140	55.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	182	71.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	72	28.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	184	72.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE COLBY MANOR NURSING HOME

Street Address:		City and State:	
4230 COLBY AVE		EVERETT WA 98203	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID SNF/ICF	69	PROPRIETARY	06/10/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
68	0	35		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	54	79.4	80.1	81.5
Dressing				
Residents requiring some or total assistance in dressing.	57	83.8	82.6	83.2
Toileting				
Residents requiring some or total assistance in toileting.	50	73.5	73.3	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	39	57.4	89.5	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	48	70.6	67.8	68.2
Residents on individually written bowel and bladder retraining program.	5	7.4	5.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	34	50.0	35.2	37.7
Completely bedfast residents.	0	0.0	1.5	3.4
Residents confined to chairs.	17	25.0	48.3	50.8
Residents requiring restraints.	33	48.5	40.5	41.3
Confused or disoriented residents.	38	55.9	57.1	58.4
Residents with bed sores.	3	4.4	6.4	7.1
Residents receiving special skin care.	44	64.7	28.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	8	3.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.9	518	5.5
Each resident is free from mental and physical abuse.	MET	4	1.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	4.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	102	40.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.4	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	3	1.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.8	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	10	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	168	66.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	120	47.2	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	49	19.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	61	24.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	39	15.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	29	11.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	80	31.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	56	22.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	105	41.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	36	14.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	5	2.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	13.8	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	50	19.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	15.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	24	9.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	3.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	129	50.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	140	55.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	182	71.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	72	28.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	184	72.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE PLEASANT ACRES

Street Address:		City and State:	
5129 HILLTOP RD		EVERETT WA 98203	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID SNF/ICF	60	PROPRIETARY	04/24/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
53	0	36		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	26	49.1	80.1	81.5
Dressing				
Residents requiring some or total assistance in dressing.	39	73.6	82.6	83.2
Toileting				
Residents requiring some or total assistance in toileting.	32	60.4	73.3	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	39	73.6	89.5	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	34	64.2	67.8	68.2
Residents on individually written bowel and bladder retraining program.	1	1.9	5.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	13	24.5	35.2	37.7
Completely bedfast residents.	0	0.0	1.5	3.4
Residents confined to chairs.	6	11.3	48.3	50.8
Residents requiring restraints.	12	22.6	40.5	41.3
Confused or disoriented residents.	19	35.8	57.1	58.4
Residents with bed sores.	5	9.4	6.4	7.1
Residents receiving special skin care.	14	26.4	28.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	8	3.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.9	518	5.5
Each resident is free from mental and physical abuse.	MET	4	1.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	4.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	102	40.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.4	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	3	1.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.8	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	10	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	168	66.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	120	47.2	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	49	19.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	61	24.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	39	15.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	29	11.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	80	31.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	56	22.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	105	41.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	36	14.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	5	2.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	13.8	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	50	19.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	15.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	24	9.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	3.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	129	50.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	140	55.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	182	71.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	72	28.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	184	72.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE SUNRISE VIEW CONVALESCENT CENTER

Street Address:		City and State:	
2520 MADISON		EVERETT WA 98203	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID SNF/ICF	73	PROPRIETARY	12/27/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
65	0	46

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	47	72.3	80.1	81.5
Dressing				
Residents requiring some or total assistance in dressing.	61	93.8	82.6	83.2
Toileting				
Residents requiring some or total assistance in toileting.	48	73.8	73.3	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	43	66.2	89.5	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	55	84.6	67.8	68.2
Residents on individually written bowel and bladder retraining program.	20	30.8	5.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	24	36.9	35.2	37.7
Completely bedfast residents.	0	0.0	1.5	3.4
Residents confined to chairs.	42	64.6	48.3	50.8
Residents requiring restraints.	23	35.4	40.5	41.3
Confused or disoriented residents.	42	64.6	57.1	58.4
Residents with bed sores.	0	0.0	6.4	7.1
Residents receiving special skin care.	5	7.7	28.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	8	3.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.9	518	5.5
Each resident is free from mental and physical abuse.	MET	4	1.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	4.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	102	40.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.4	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	3	1.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.8	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	10	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	168	66.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	120	47.2	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	49	19.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	61	24.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	39	15.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	29	11.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	80	31.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	56	22.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	105	41.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	36	14.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	5	2.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	13.8	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	50	19.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	15.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	24	9.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	3.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	129	50.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	140	55.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	182	71.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	72	28.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	184	72.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE VIRGINIA MANOR CONVALESCENT CENTER

Street Address:		City and State:	
3515 HOYT AVENUE		EVERETT WA 98201	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	238	PROPRIETARY	05/01/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
226	0	192		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	152	67.3	80.1	81.5
Dressing				
Residents requiring some or total assistance in dressing.	187	82.7	82.6	83.2
Toileting				
Residents requiring some or total assistance in toileting.	169	74.8	73.3	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	226	100	89.5	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	154	68.1	67.8	68.2
Residents on individually written bowel and bladder retraining program.	5	2.2	5.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	55	24.3	35.2	37.7
Completely bedfast residents.	1	0.4	1.5	3.4
Residents confined to chairs.	99	43.8	48.3	50.8
Residents requiring restraints.	92	40.7	40.5	41.3
Confused or disoriented residents.	150	66.4	57.1	58.4
Residents with bed sores.	7	3.1	6.4	7.1
Residents receiving special skin care.	69	30.5	28.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	8	3.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.9	518	5.5
Each resident is free from mental and physical abuse.	MET	4	1.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	4.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	102	40.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.4	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	3	1.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.8	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	10	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	168	66.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	120	47.2	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	49	19.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	61	24.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	39	15.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	29	11.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	80	31.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	56	22.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	105	41.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	36	14.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	5	2.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	13.8	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	50	19.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	15.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	24	9.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	8	3.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	129	50.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	140	55.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	182	71.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	72	28.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	184	72.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE VIRGINIA MANOR CONVALESCENT HOME

Street Address:		City and State:	
3515 HOYT AVENUE		EVERETT WA 98201	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID SNF/ICF	238	PROPRIETARY	01/22/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
206	0	175

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	123	59.7	80.1	81.5
Dressing				
Residents requiring some or total assistance in dressing.	131	63.6	82.6	83.2
Toileting				
Residents requiring some or total assistance in toileting.	121	58.7	73.3	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	112	54.4	89.5	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	114	55.3	67.8	68.2
Residents on individually written bowel and bladder retraining program.	3	1.5	5.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	46	22.3	35.2	37.7
Completely bedfast residents.	1	0.5	1.5	3.4
Residents confined to chairs.	62	30.1	48.3	50.8
Residents requiring restraints.	72	35.0	40.5	41.3
Confused or disoriented residents.	106	51.5	57.1	58.4
Residents with bed sores.	3	1.5	6.4	7.1
Residents receiving special skin care.	24	11.7	28.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	8	3.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.9	518	5.5
Each resident is free from mental and physical abuse.	MET	4	1.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	4.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	102	40.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.4	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	3	1.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.8	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	10	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	168	66.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	120	47.2	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	49	19.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	61	24.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	39	15.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	29	11.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	80	31.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	56	22.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	105	41.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	36	14.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	5	2.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	35	13.8	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	50	19.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	15.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	24	9.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	8	3.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	129	50.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	140	55.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	182	71.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	72	28.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	184	72.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE FAIRFIELD GOOD SAMARITAN CENTER

Street Address:		City and State:	
ROUTE 1, BOX 131A		FAIRFIELD WA 99012	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	80	NON-PROFIT RELIGIOUS	01/19/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
78	0	53

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	25	32.1	80.1	81.5
Dressing				
Residents requiring some or total assistance in dressing.	63	80.8	82.6	83.2
Toileting				
Residents requiring some or total assistance in toileting.	62	79.5	73.3	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	69	88.5	89.5	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	37	47.4	67.8	68.2
Residents on individually written bowel and bladder retraining program.	3	3.8	5.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	37	47.4	35.2	37.7
Completely bedfast residents.	0	0.0	1.5	3.4
Residents confined to chairs.	33	42.3	48.3	50.8
Residents requiring restraints.	30	38.5	40.5	41.3
Confused or disoriented residents.	61	78.2	57.1	58.4
Residents with bed sores.	22	28.2	6.4	7.1
Residents receiving special skin care.	12	15.4	28.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	8	3.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.9	518	5.5
Each resident is free from mental and physical abuse.	MET	4	1.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	4.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	102	40.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.4	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	3	1.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.8	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	10	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	168	66.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	120	47.2	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	49	19.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	61	24.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	39	15.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	29	11.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	80	31.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	56	22.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	105	41.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	36	14.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	5	2.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	13.8	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	50	19.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	15.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	24	9.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	3.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	129	50.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	140	55.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	182	71.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	72	28.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	184	72.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE FEDERAL WAY CONVALESCENT CENTER

Street Address: 1045 S 308TH ST		City and State: FEDERAL WAY WA 98003	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 157	Type of Ownership: PROPRIETARY	Survey Date: 09/11/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 147	Medicare Residents: 0	Medicaid Residents: 91
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	116	78.9	80.1	81.5
Dressing				
Residents requiring some or total assistance in dressing.	126	85.7	82.6	83.2
Toileting				
Residents requiring some or total assistance in toileting.	115	78.2	73.3	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	147	100	89.5	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	110	74.8	67.8	68.2
Residents on individually written bowel and bladder retraining program.	4	2.7	5.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	41	27.9	35.2	37.7
Completely bedfast residents.	4	2.7	1.5	3.4
Residents confined to chairs.	89	60.5	48.3	50.8
Residents requiring restraints.	61	41.5	40.5	41.3
Confused or disoriented residents.	87	59.2	57.1	58.4
Residents with bed sores.	6	4.1	6.4	7.1
Residents receiving special skin care.	16	10.9	28.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	8	3.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.9	518	5.5
Each resident is free from mental and physical abuse.	MET	4	1.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	4.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	102	40.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.4	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	3	1.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.8	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	10	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	168	66.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	120	47.2	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	49	19.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	61	24.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	39	15.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	29	11.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	80	31.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	56	22.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	105	41.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	36	14.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	5	2.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	13.8	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	50	19.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	15.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	24	9.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	3.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	129	50.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	140	55.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	182	71.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	72	28.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	184	72.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE HALLMARK MANOR

Street Address:		City and State:	
32300 FIRST AVENUE SOUTH		FEDERAL WAY WA 98003	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	147	PROPRIETARY	05/28/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:	
13	0	0	

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	7	53.8	80.1	81.5
Dressing				
Residents requiring some or total assistance in dressing.	9	69.2	82.6	83.2
Toileting				
Residents requiring some or total assistance in toileting.	9	69.2	73.3	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	13	100	89.5	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	6	46.2	67.8	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	5.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	3	23.1	35.2	37.7
Completely bedfast residents.	0	0.0	1.5	3.4
Residents confined to chairs.	4	30.8	48.3	50.8
Residents requiring restraints.	3	23.1	40.5	41.3
Confused or disoriented residents.	8	61.5	57.1	58.4
Residents with bed sores.	1	7.7	6.4	7.1
Residents receiving special skin care.	1	7.7	28.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	8	3.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.9	518	5.5
Each resident is free from mental and physical abuse.	MET	4	1.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	4.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	102	40.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.4	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	3	1.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.8	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	10	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	168	66.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	120	47.2	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	49	19.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	61	24.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	39	15.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	29	11.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	80	31.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	56	22.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	105	41.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	36	14.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	5	2.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	13.8	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	50	19.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	15.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	24	9.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	8	3.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	129	50.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	140	55.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	182	71.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	72	28.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	184	72.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE PIONEER RIDGE HEALTHCARE

Street Address:		City and State:	
2185 SEAMOUNT ST(P O BOX 608)		FERNDAL WA 98248	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID SNF/ICF	79	PROPRIETARY	03/09/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:	
71	0	68	

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	68	95.8	80.1	81.5
Dressing				
Residents requiring some or total assistance in dressing.	60	84.5	82.6	83.2
Toileting				
Residents requiring some or total assistance in toileting.	45	63.4	73.3	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	38	53.5	89.5	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	31	43.7	67.8	68.2
Residents on individually written bowel and bladder retraining program.	4	5.6	5.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	23	32.4	35.2	37.7
Completely bedfast residents.	0	0.0	1.5	3.4
Residents confined to chairs.	25	35.2	48.3	50.8
Residents requiring restraints.	32	45.1	40.5	41.3
Confused or disoriented residents.	9	12.7	57.1	58.4
Residents with bed sores.	1	1.4	6.4	7.1
Residents receiving special skin care.	36	50.7	28.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	8	3.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.9	518	5.5
Each resident is free from mental and physical abuse.	MET	4	1.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	4.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	102	40.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.4	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	3	1.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.8	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	10	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	168	66.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	120	47.2	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	49	19.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	61	24.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	39	15.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	29	11.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	80	31.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	56	22.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	105	41.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	36	14.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	5	2.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	13.8	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	50	19.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	15.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	24	9.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	8	3.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	129	50.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	140	55.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	182	71.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	72	28.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	184	72.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE FORKS COMMUNITY HOSPITAL-LTC

Street Address: RT. 3 BOX 3575		City and State: FORKS WA 98331	
Participation: MEDICAID SNF/ICF	# of Beds: 20	Type of Ownership: LOCAL GOVERNMENT	Survey Date: 11/03/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 20	Medicare Residents: 0	Medicaid Residents: 17
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	19	95.0	80.1	81.5
Dressing				
Residents requiring some or total assistance in dressing.	15	75.0	82.6	83.2
Toileting				
Residents requiring some or total assistance in toileting.	14	70.0	73.3	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	14	70.0	89.5	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	12	60.0	67.8	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	5.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	5	25.0	35.2	37.7
Completely bedfast residents.	0	0.0	1.5	3.4
Residents confined to chairs.	16	80.0	48.3	50.8
Residents requiring restraints.	5	25.0	40.5	41.3
Confused or disoriented residents.	9	45.0	57.1	58.4
Residents with bed sores.	0	0.0	6.4	7.1
Residents receiving special skin care.	2	10.0	28.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	8	3.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.9	518	5.5
Each resident is free from mental and physical abuse.	MET	4	1.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	4.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	102	40.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.4	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	3	1.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.8	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	10	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	168	66.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	120	47.2	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	49	19.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	61	24.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	39	15.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	29	11.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	80	31.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	56	22.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	105	41.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	36	14.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	5	2.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	13.8	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	50	19.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	15.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	24	9.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	3.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	129	50.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	140	55.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	182	71.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	72	28.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	184	72.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE KARIN'S KOTTAGE

Street Address:		City and State:	
1335 E MAIN ST (P O BOX 1030)		FREELAND WA 98249	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID SNF/ICF	61	PROPRIETARY	12/23/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
58	0	46

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	43	74.1	80.1	81.5
Dressing				
Residents requiring some or total assistance in dressing.	46	79.3	82.6	83.2
Toileting				
Residents requiring some or total assistance in toileting.	46	79.3	73.3	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	58	100	89.5	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	45	77.6	67.8	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	5.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	9	15.5	35.2	37.7
Completely bedfast residents.	2	3.4	1.5	3.4
Residents confined to chairs.	25	43.1	48.3	50.8
Residents requiring restraints.	12	20.7	40.5	41.3
Confused or disoriented residents.	26	44.8	57.1	58.4
Residents with bed sores.	5	8.6	6.4	7.1
Residents receiving special skin care.	17	29.3	28.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	8	3.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.9	518	5.5
Each resident is free from mental and physical abuse.	MET	4	1.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	4.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	102	40.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.4	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	3	1.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.8	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	10	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	168	66.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	120	47.2	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	49	19.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	61	24.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	39	15.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	29	11.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	80	31.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	56	22.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	105	41.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	36	14.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	5	2.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	13.8	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	50	19.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	15.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	24	9.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	8	3.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	129	50.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	140	55.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	182	71.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	72	28.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	184	72.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE ISLANDS' (THE) CONVALESCENT CENTER

Street Address: 660 SPRING ST (P O BOX 489)		City and State: FRIDAY HARBOR WA 98250	
Participation: MEDICAID SNF/ICF	# of Beds: 85	Type of Ownership: PROPRIETARY	Survey Date: 02/26/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 45	Medicare Residents: 0	Medicaid Residents: 23
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	41	91.1	80.1	81.5
Dressing				
Residents requiring some or total assistance in dressing.	36	80.0	82.6	83.2
Toileting				
Residents requiring some or total assistance in toileting.	31	68.9	73.3	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	25	55.6	89.5	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	29	64.4	67.8	68.2
Residents on individually written bowel and bladder retraining program.	11	24.4	5.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	16	35.6	35.2	37.7
Completely bedfast residents.	0	0.0	1.5	3.4
Residents confined to chairs.	19	42.2	48.3	50.8
Residents requiring restraints.	18	40.0	40.5	41.3
Confused or disoriented residents.	27	60.0	57.1	58.4
Residents with bed sores.	3	6.7	6.4	7.1
Residents receiving special skin care.	16	35.6	28.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	8	3.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.9	518	5.5
Each resident is free from mental and physical abuse.	MET	4	1.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	4.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	102	40.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.4	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	3	1.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.8	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	10	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	168	66.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	120	47.2	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	49	19.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	61	24.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	39	15.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	29	11.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	80	31.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	56	22.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	105	41.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	36	14.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	5	2.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	13.8	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	50	19.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	15.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	24	9.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	3.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	129	50.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	140	55.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	182	71.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	72	28.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	184	72.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE MOUNT ADAMS CARE CENTER

Street Address:		City and State:	
216 E SIMCOE DR		GOLDENDALE WA 98620	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID SNF/ICF	80	PROPRIETARY	10/05/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
74	0	63

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	70	94.6	80.1	81.5
Dressing				
Residents requiring some or total assistance in dressing.	58	78.4	82.6	83.2
Toileting				
Residents requiring some or total assistance in toileting.	57	77.0	73.3	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	56	75.7	89.5	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	57	77.0	67.8	68.2
Residents on individually written bowel and bladder retraining program.	1	1.4	5.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	42	56.8	35.2	37.7
Completely bedfast residents.	3	4.1	1.5	3.4
Residents confined to chairs.	60	81.1	48.3	50.8
Residents requiring restraints.	34	45.9	40.5	41.3
Confused or disoriented residents.	23	31.1	57.1	58.4
Residents with bed sores.	20	27.0	6.4	7.1
Residents receiving special skin care.	57	77.0	28.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	8	3.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.9	518	5.5
Each resident is free from mental and physical abuse.	MET	4	1.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	4.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	102	40.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.4	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	3	1.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.8	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	10	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	168	66.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	120	47.2	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	49	19.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	61	24.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	39	15.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	29	11.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	80	31.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	56	22.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	105	41.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	36	14.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	5	2.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	13.8	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	50	19.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	15.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	24	9.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	3.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	129	50.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	140	55.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	182	71.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	72	28.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	184	72.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE COULEE COMMUNITY HOSPITAL

Street Address:		City and State:	
411 FORTUYN ROAD		GRAND COULEE WA 99133	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID SNF/ICF	22	NON-PROFIT OTHER	04/28/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
22	0	16

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	19	86.4	80.1	81.5
Dressing				
Residents requiring some or total assistance in dressing.	18	81.8	82.6	83.2
Toileting				
Residents requiring some or total assistance in toileting.	18	81.8	73.3	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	22	100	89.5	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	19	86.4	67.8	68.2
Residents on individually written bowel and bladder retraining program.	3	13.6	5.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	9	40.9	35.2	37.7
Completely bedfast residents.	2	9.1	1.5	3.4
Residents confined to chairs.	11	50.0	48.3	50.8
Residents requiring restraints.	12	54.5	40.5	41.3
Confused or disoriented residents.	15	68.2	57.1	58.4
Residents with bed sores.	1	4.5	6.4	7.1
Residents receiving special skin care.	8	36.4	28.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	8	3.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.9	518	5.5
Each resident is free from mental and physical abuse.	MET	4	1.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	4.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	102	40.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.4	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	3	1.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.8	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	10	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	168	66.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	120	47.2	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	49	19.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	61	24.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	39	15.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	29	11.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	80	31.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	56	22.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	105	41.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	36	14.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	5	2.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	13.8	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	50	19.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	15.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	24	9.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	3.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	129	50.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	140	55.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	182	71.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	72	28.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	184	72.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE HILLCREST NURSING HOME

Street Address:		City and State:	
912 HILLCREST AVENUE		GRANDVIEW WA 98930	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID SNF/ICF	80	PROPRIETARY	10/12/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
77	0	68		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	65	84.4	80.1	81.5
Dressing				
Residents requiring some or total assistance in dressing.	74	96.1	82.6	83.2
Toileting				
Residents requiring some or total assistance in toileting.	59	76.6	73.3	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	60	77.9	89.5	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	55	71.4	67.8	68.2
Residents on individually written bowel and bladder retraining program.	2	2.6	5.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	49	63.6	35.2	37.7
Completely bedfast residents.	4	5.2	1.5	3.4
Residents confined to chairs.	43	55.8	48.3	50.8
Residents requiring restraints.	46	59.7	40.5	41.3
Confused or disoriented residents.	50	64.9	57.1	58.4
Residents with bed sores.	3	3.9	6.4	7.1
Residents receiving special skin care.	14	18.2	28.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	8	3.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.9	518	5.5
Each resident is free from mental and physical abuse.	MET	4	1.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	4.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	102	40.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.4	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	3	1.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.8	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	10	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	168	66.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	120	47.2	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	49	19.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	61	24.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	39	15.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	29	11.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	80	31.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	56	22.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	105	41.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	36	14.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	5	2.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	13.8	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	50	19.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	40	15.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	24	9.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	3.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	129	50.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	140	55.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	182	71.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	72	28.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	184	72.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE WALNUT GROVE NURSING HOME

Street Address:		City and State:	
ROUTE 2 BOX 2438		GRANDVIEW WA 98930	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID SNF/ICF	71	PROPRIETARY	08/13/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
71	0	52		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	65	91.5	80.1	81.5
Dressing				
Residents requiring some or total assistance in dressing.	64	90.1	82.6	83.2
Toileting				
Residents requiring some or total assistance in toileting.	50	70.4	73.3	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	46	64.8	89.5	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	46	64.8	67.8	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	5.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	33	46.5	35.2	37.7
Completely bedfast residents.	3	4.2	1.5	3.4
Residents confined to chairs.	47	66.2	48.3	50.8
Residents requiring restraints.	39	54.9	40.5	41.3
Confused or disoriented residents.	39	54.9	57.1	58.4
Residents with bed sores.	1	1.4	6.4	7.1
Residents receiving special skin care.	0	0.0	28.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	8	3.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.9	518	5.5
Each resident is free from mental and physical abuse.	MET	4	1.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	4.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	102	40.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.4	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	3	1.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.8	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	10	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	168	66.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	120	47.2	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	49	19.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	61	24.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	39	15.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	29	11.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	80	31.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	56	22.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	105	41.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	36	14.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	5	2.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	13.8	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	50	19.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	15.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	24	9.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	3.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	129	50.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	140	55.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	182	71.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	72	28.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	184	72.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE SPOKANE VALLEY GOOD SAMARITAN CENTER

Street Address: E 17121 EIGHTH AVE		City and State: GREENACRES WA 99016	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 201	Type of Ownership: NON-PROFIT RELIGIOUS	Survey Date: 03/17/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 190	Medicare Residents: 5	Medicaid Residents: 118	
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	184	96.8	80.1	81.5
Dressing				
Residents requiring some or total assistance in dressing.	177	93.2	82.6	83.2
Toileting				
Residents requiring some or total assistance in toileting.	145	76.3	73.3	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	153	80.5	89.5	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	143	75.3	67.8	68.2
Residents on individually written bowel and bladder retraining program.	2	1.1	5.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	82	43.2	35.2	37.7
Completely bedfast residents.	4	2.1	1.5	3.4
Residents confined to chairs.	130	68.4	48.3	50.8
Residents requiring restraints.	106	55.8	40.5	41.3
Confused or disoriented residents.	116	61.1	57.1	58.4
Residents with bed sores.	14	7.4	6.4	7.1
Residents receiving special skin care.	33	17.4	28.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	8	3.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.9	518	5.5
Each resident is free from mental and physical abuse.	MET	4	1.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	4.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	102	40.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.4	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	3	1.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.8	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	10	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	168	66.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	120	47.2	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	49	19.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	61	24.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	39	15.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	29	11.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	80	31.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	56	22.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	105	41.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	36	14.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	5	2.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	13.8	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	50	19.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	40	15.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	24	9.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	3.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	129	50.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	140	55.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	182	71.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	72	28.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	184	72.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE PACIFIC CARE CENTER

Street Address:		City and State:	
3035 CHERRY STREET		HOQUIAM WA 98550	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	118	PROPRIETARY	12/15/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
109	0	83		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	107	98.2	80.1	81.5
Dressing				
Residents requiring some or total assistance in dressing.	88	80.7	82.6	83.2
Toileting				
Residents requiring some or total assistance in toileting.	85	78.0	73.3	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	88	80.7	89.5	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	71	65.1	67.8	68.2
Residents on individually written bowel and bladder retraining program.	4	3.7	5.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	28	25.7	35.2	37.7
Completely bedfast residents.	3	2.8	1.5	3.4
Residents confined to chairs.	77	70.6	48.3	50.8
Residents requiring restraints.	56	51.4	40.5	41.3
Confused or disoriented residents.	43	39.4	57.1	58.4
Residents with bed sores.	11	10.1	6.4	7.1
Residents receiving special skin care.	23	21.1	28.0	31.2

SELECTED PERFORMANCE INDICATORS

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	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	8	3.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.9	518	5.5
Each resident is free from mental and physical abuse.	MET	4	1.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	4.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	102	40.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.4	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	3	1.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.8	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	10	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	168	66.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	120	47.2	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	49	19.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	61	24.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	39	15.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	29	11.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	80	31.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	56	22.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	105	41.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	36	14.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	5	2.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	13.8	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	50	19.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	40	15.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	24	9.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	3.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	129	50.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	140	55.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	182	71.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	72	28.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	184	72.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE ISSAQUAH CARE CENTER

Street Address:		City and State:	
805 FRONT ST		ISSAQUAH WA 98027	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	182	PROPRIETARY	07/31/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
174	1	110

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	151	86.8	80.1	81.5
Dressing				
Residents requiring some or total assistance in dressing.	153	87.9	82.6	83.2
Toileting				
Residents requiring some or total assistance in toileting.	131	75.3	73.3	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	174	100	89.5	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	107	61.5	67.8	68.2
Residents on individually written bowel and bladder retraining program.	1	0.6	5.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	57	32.8	35.2	37.7
Completely bedfast residents.	9	5.2	1.5	3.4
Residents confined to chairs.	94	54.0	48.3	50.8
Residents requiring restraints.	71	40.8	40.5	41.3
Confused or disoriented residents.	118	67.8	57.1	58.4
Residents with bed sores.	5	2.9	6.4	7.1
Residents receiving special skin care.	60	34.5	28.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	8	3.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.9	518	5.5
Each resident is free from mental and physical abuse.	MET	4	1.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	4.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	102	40.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.4	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	3	1.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.8	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	10	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	168	66.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	120	47.2	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	49	19.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	61	24.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	39	15.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	29	11.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	80	31.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	56	22.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	105	41.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	36	14.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	5	2.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	13.8	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	50	19.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	15.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	24	9.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	3.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	129	50.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	140	55.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	182	71.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	72	28.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	184	72.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE MARIANWOOD EXTENDED HEALTHCARE SVCS

Street Address:		City and State:	
3725 PROVIDENCE POINT DR. S.E.		ISSAQUAH WA 98027	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	120	NON-PROFIT RELIGIOUS	10/01/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
119	0	58

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	104	87.4	80.1	81.5
Dressing				
Residents requiring some or total assistance in dressing.	93	78.2	82.6	83.2
Toileting				
Residents requiring some or total assistance in toileting.	67	56.3	73.3	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	119	100	89.5	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	51	42.9	67.8	68.2
Residents on individually written bowel and bladder retraining program.	6	5.0	5.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	18	15.1	35.2	37.7
Completely bedfast residents.	1	0.8	1.5	3.4
Residents confined to chairs.	49	41.2	48.3	50.8
Residents requiring restraints.	25	21.0	40.5	41.3
Confused or disoriented residents.	52	43.7	57.1	58.4
Residents with bed sores.	2	1.7	6.4	7.1
Residents receiving special skin care.	13	10.9	28.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	8	3.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.9	518	5.5
Each resident is free from mental and physical abuse.	MET	4	1.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	4.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	102	40.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.4	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	3	1.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.8	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	10	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	168	66.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	120	47.2	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	49	19.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	61	24.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	39	15.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	29	11.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	80	31.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	56	22.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	105	41.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	36	14.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	5	2.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	13.8	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	50	19.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	15.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	24	9.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	3.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	129	50.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	140	55.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	182	71.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	72	28.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	184	72.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE MONTICELLO HALL

Street Address: 405 N NINETEENTH		City and State: KELSO WA 98626	
Participation: MEDICAID ICF	# of Beds: 48	Type of Ownership: NON-PROFIT PRIVATE	Survey Date: 10/23/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 39	Medicare Residents: 0	Medicaid Residents: 26
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	32	82.1	60.0	78.3
Dressing				
Residents requiring some or total assistance in dressing.	22	56.4	50.0	76.7
Toileting				
Residents requiring some or total assistance in toileting.	22	56.4	33.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	1	2.6	39.2	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	23	59.0	34.5	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	9.9	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	4	10.3	9.0	29.3
Completely bedfast residents.	0	0.0	0.6	3.6
Residents confined to chairs.	0	0.0	8.2	39.1
Residents requiring restraints.	0	0.0	9.6	31.7
Confused or disoriented residents.	39	100	53.0	55.8
Residents with bed sores.	0	0.0	2.3	4.7
Residents receiving special skin care.	4	10.3	19.7	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	1	3.4	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	2	6.9	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	3.4	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	3.4	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	0	0.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	8	27.6	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	0	0.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	1	3.4	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	4	13.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	0	0.0	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	0	0.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	3	10.3	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	2	6.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	14	48.3	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	3	10.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	3.4	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	4	13.8	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	6	20.7	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	2	6.9	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	4	13.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	2	6.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	10.3	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	20	69.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE LIFE CARE CENTER OF KENNEWICK

Street Address:		City and State:	
1508 W SEVENTH AVE		KENNEWICK WA 99336	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	136	PROPRIETARY	03/09/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
102	2	71

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	70	68.6	80.1	81.5
Dressing				
Residents requiring some or total assistance in dressing.	81	79.4	82.6	83.2
Toileting				
Residents requiring some or total assistance in toileting.	72	70.6	73.3	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	69	67.6	89.5	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	64	62.7	67.8	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	5.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	20	19.6	35.2	37.7
Completely bedfast residents.	0	0.0	1.5	3.4
Residents confined to chairs.	32	31.4	48.3	50.8
Residents requiring restraints.	41	40.2	40.5	41.3
Confused or disoriented residents.	65	63.7	57.1	58.4
Residents with bed sores.	12	11.8	6.4	7.1
Residents receiving special skin care.	24	23.5	28.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	8	3.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.9	518	5.5
Each resident is free from mental and physical abuse.	MET	4	1.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	4.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	102	40.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.4	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	3	1.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.8	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	10	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	168	66.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	120	47.2	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	49	19.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	61	24.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	39	15.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	29	11.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	80	31.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	56	22.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	105	41.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	36	14.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	5	2.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	35	13.8	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	50	19.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	15.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	24	9.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	3.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	129	50.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	140	55.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	182	71.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	72	28.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	184	72.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE VISTAVUE CARE CENTER

Street Address:		City and State:	
1213 MORAIN LOOP		KENNEWICK WA 99336	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID SNF/ICF	53	PROPRIETARY	06/15/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
43	0	31

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	36	83.7	80.1	81.5
Dressing				
Residents requiring some or total assistance in dressing.	37	86.0	82.6	83.2
Toileting				
Residents requiring some or total assistance in toileting.	35	81.4	73.3	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	26	60.5	89.5	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	33	76.7	67.8	68.2
Residents on individually written bowel and bladder retraining program.	2	4.7	5.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	13	30.2	35.2	37.7
Completely bedfast residents.	2	4.7	1.5	3.4
Residents confined to chairs.	27	62.8	48.3	50.8
Residents requiring restraints.	21	48.8	40.5	41.3
Confused or disoriented residents.	20	46.5	57.1	58.4
Residents with bed sores.	4	9.3	6.4	7.1
Residents receiving special skin care.	26	60.5	28.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	8	3.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.9	518	5.5
Each resident is free from mental and physical abuse.	MET	4	1.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	4.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	102	40.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.4	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	3	1.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.8	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	10	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	168	66.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	120	47.2	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	49	19.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	61	24.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	39	15.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	29	11.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	80	31.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	56	22.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	105	41.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	36	14.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	5	2.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	35	13.8	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	50	19.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	15.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	24	9.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	3.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	129	50.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	140	55.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	182	71.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	72	28.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	184	72.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE BENSON HEIGHTS REHABILITATION CENTER

Street Address:		City and State:	
22410 BENSON ROAD SE		KENT WA 98037	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID ICF	91	PROPRIETARY	07/24/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:	
90	0	66	

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	19	21.1	60.0	78.3
Dressing				
Residents requiring some or total assistance in dressing.	10	11.1	50.0	76.7
Toileting				
Residents requiring some or total assistance in toileting.	4	4.4	33.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	2	2.2	39.2	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	11	12.2	34.5	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	9.9	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	1	1.1	9.0	29.3
Completely bedfast residents.	0	0.0	0.6	3.6
Residents confined to chairs.	0	0.0	8.2	39.1
Residents requiring restraints.	0	0.0	9.6	31.7
Confused or disoriented residents.	26	28.9	53.0	55.8
Residents with bed sores.	0	0.0	2.3	4.7
Residents receiving special skin care.	19	21.1	19.7	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	1	3.4	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	2	6.9	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	3.4	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	3.4	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	0	0.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	8	27.6	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	0	0.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	1	3.4	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	4	13.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	0	0.0	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	0	0.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	3	10.3	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	2	6.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	14	48.3	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	3	10.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	3.4	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	4	13.8	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	6	20.7	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	2	6.9	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	4	13.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	2	6.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	10.3	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	20	69.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE MIDWAY MANOR CONVALESCENT CENTER

Street Address:		City and State:	
24215 PACIFIC HIGHWAY S		KENT WA 98031	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID ICF	51	PROPRIETARY	04/28/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
50	0	31

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	35	70.0	60.0	78.3
Dressing				
Residents requiring some or total assistance in dressing.	7	14.0	50.0	76.7
Toileting				
Residents requiring some or total assistance in toileting.	1	2.0	33.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	2	4.0	39.2	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	6	12.0	34.5	59.1
Residents on individually written bowel and bladder retraining program.	1	2.0	9.9	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	0	0.0	9.0	29.3
Completely bedfast residents.	0	0.0	0.6	3.6
Residents confined to chairs.	3	6.0	8.2	39.1
Residents requiring restraints.	0	0.0	9.6	31.7
Confused or disoriented residents.	38	76.0	53.0	55.8
Residents with bed sores.	0	0.0	2.3	4.7
Residents receiving special skin care.	10	20.0	19.7	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	1	3.4	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	2	6.9	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	3.4	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	3.4	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	0	0.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	8	27.6	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	0	0.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	1	3.4	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	4	13.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	0	0.0	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	0	0.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	3	10.3	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	2	6.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	14	48.3	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	3	10.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	3.4	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	4	13.8	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	6	20.7	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	2	6.9	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	4	13.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	2	6.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	10.3	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	20	69.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE EVERGREEN VISTA CONVALESCENT CENTER

Street Address:		City and State:	
11800 NE 128TH ST		KIRKLAND WA 98033	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	132	PROPRIETARY	02/22/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
128	1	28

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	128	100	80.1	81.5
Dressing				
Residents requiring some or total assistance in dressing.	118	92.2	82.6	83.2
Toileting				
Residents requiring some or total assistance in toileting.	97	75.8	73.3	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	109	85.2	89.5	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	92	71.9	67.8	68.2
Residents on individually written bowel and bladder retraining program.	1	0.8	5.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	91	71.1	35.2	37.7
Completely bedfast residents.	0	0.0	1.5	3.4
Residents confined to chairs.	73	57.0	48.3	50.8
Residents requiring restraints.	70	54.7	40.5	41.3
Confused or disoriented residents.	73	57.0	57.1	58.4
Residents with bed sores.	3	2.3	6.4	7.1
Residents receiving special skin care.	10	7.8	28.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	8	3.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.9	518	5.5
Each resident is free from mental and physical abuse.	MET	4	1.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	4.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	102	40.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.4	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	3	1.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.8	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	10	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	168	66.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	120	47.2	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	49	19.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	61	24.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	39	15.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	29	11.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	80	31.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	56	22.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	105	41.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	36	14.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	5	2.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	13.8	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	50	19.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	15.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	24	9.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	3.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	129	50.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	140	55.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	182	71.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	72	28.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	184	72.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE KIRKLAND CONVALESCENT CENTER

Street Address:		City and State:	
6505 LAKEVIEW DRIVE		KIRKLAND WA 98033	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID SNF/ICF	87	NON-PROFIT OTHER	09/10/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:	
81	0	63	

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	81	100	80.1	81.5
Dressing				
Residents requiring some or total assistance in dressing.	65	80.2	82.6	83.2
Toileting				
Residents requiring some or total assistance in toileting.	54	66.7	73.3	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	75	92.6	89.5	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	36	44.4	67.8	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	5.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	20	24.7	35.2	37.7
Completely bedfast residents.	0	0.0	1.5	3.4
Residents confined to chairs.	26	32.1	48.3	50.8
Residents requiring restraints.	25	30.9	40.5	41.3
Confused or disoriented residents.	42	51.9	57.1	58.4
Residents with bed sores.	4	4.9	6.4	7.1
Residents receiving special skin care.	20	24.7	28.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	8	3.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.9	518	5.5
Each resident is free from mental and physical abuse.	MET	4	1.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	4.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	102	40.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.4	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	3	1.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.8	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	10	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	168	66.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	120	47.2	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	49	19.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	61	24.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	39	15.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	29	11.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	80	31.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	56	22.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	105	41.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	36	14.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	5	2.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	13.8	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	50	19.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	15.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	24	9.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	3.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	129	50.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	140	55.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	182	71.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	72	28.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	184	72.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE LAKE VUE GARDENS CONVALESCENT CENTER

Street Address:		City and State:	
10101 NE 120TH		KIRKLAND WA 98033	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID SNF/ICF	190	PROPRIETARY	10/12/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
189	0	113		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	175	92.6	80.1	81.5
Dressing				
Residents requiring some or total assistance in dressing.	177	93.7	82.6	83.2
Toileting				
Residents requiring some or total assistance in toileting.	154	81.5	73.3	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	189	100	89.5	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	148	78.3	67.8	68.2
Residents on individually written bowel and bladder retraining program.	1	0.5	5.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	63	33.3	35.2	37.7
Completely bedfast residents.	1	0.5	1.5	3.4
Residents confined to chairs.	86	45.5	48.3	50.8
Residents requiring restraints.	0	0.0	40.5	41.3
Confused or disoriented residents.	130	68.8	57.1	58.4
Residents with bed sores.	8	4.2	6.4	7.1
Residents receiving special skin care.	47	24.9	28.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	8	3.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.9	518	5.5
Each resident is free from mental and physical abuse.	MET	4	1.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	4.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	102	40.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.4	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	3	1.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.8	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	10	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	168	66.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	120	47.2	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	49	19.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	61	24.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	39	15.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	29	11.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	80	31.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	56	22.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	105	41.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	36	14.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	5	2.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	13.8	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	50	19.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	15.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	24	9.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	3.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	129	50.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	140	55.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	182	71.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	72	28.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	184	72.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE MOOREHAVEN NURSING HOME

Street Address:		City and State:	
RTE 1, BOX 440 (P O BOX 102)		LACENTER WA 98629	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID SNF/ICF	55	PROPRIETARY	10/09/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
55	0	22

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	52	94.5	80.1	81.5
Dressing				
Residents requiring some or total assistance in dressing.	39	70.9	82.6	83.2
Toileting				
Residents requiring some or total assistance in toileting.	44	80.0	73.3	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	19	34.5	89.5	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	44	80.0	67.8	68.2
Residents on individually written bowel and bladder retraining program.	1	1.8	5.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	22	40.0	35.2	37.7
Completely bedfast residents.	0	0.0	1.5	3.4
Residents confined to chairs.	22	40.0	48.3	50.8
Residents requiring restraints.	25	45.5	40.5	41.3
Confused or disoriented residents.	50	90.9	57.1	58.4
Residents with bed sores.	6	10.9	6.4	7.1
Residents receiving special skin care.	22	40.0	28.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	8	3.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.9	518	5.5
Each resident is free from mental and physical abuse.	MET	4	1.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	4.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	102	40.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.4	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	3	1.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.8	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	10	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	168	66.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	120	47.2	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	49	19.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	61	24.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	39	15.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	29	11.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	80	31.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	56	22.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	105	41.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	36	14.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	5	2.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	13.8	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	50	19.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	15.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	24	9.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	3.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	129	50.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	140	55.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	182	71.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	72	28.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	184	72.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE PANORAMA CITY CONV & REHAB CENTER

Street Address: 150 LACEY DRIVE SE		City and State: LACEY WA 98503	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 155	Type of Ownership: PROPRIETARY	Survey Date: 04/20/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 135	Medicare Residents: 4	Medicaid Residents: 44
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	100	74.1	80.1	81.5
Dressing				
Residents requiring some or total assistance in dressing.	115	85.2	82.6	83.2
Toileting				
Residents requiring some or total assistance in toileting.	115	85.2	73.3	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	104	77.0	89.5	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	100	74.1	67.8	68.2
Residents on individually written bowel and bladder retraining program.	2	1.5	5.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	112	83.0	35.2	37.7
Completely bedfast residents.	1	0.7	1.5	3.4
Residents confined to chairs.	96	71.1	48.3	50.8
Residents requiring restraints.	54	40.0	40.5	41.3
Confused or disoriented residents.	42	31.1	57.1	58.4
Residents with bed sores.	10	7.4	6.4	7.1
Residents receiving special skin care.	9	6.7	28.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	8	3.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.9	518	5.5
Each resident is free from mental and physical abuse.	MET	4	1.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	4.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	102	40.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.4	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	3	1.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.8	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	10	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	168	66.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	120	47.2	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	49	19.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	61	24.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	39	15.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	29	11.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	80	31.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	56	22.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	105	41.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	36	14.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	5	2.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	13.8	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	50	19.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	15.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	24	9.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	3.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	129	50.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	140	55.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	182	71.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	72	28.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	184	72.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE ROO-LAN HEALTHCARE CENTER

Street Address: 1505 SE CARPENTER ROAD		City and State: LACEY WA 98503	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 102	Type of Ownership: PROPRIETARY	Survey Date: 09/10/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 98	Medicare Residents: 2	Medicaid Residents: 74
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	82	83.7	80.1	81.5
Dressing				
Residents requiring some or total assistance in dressing.	90	91.8	82.6	83.2
Toileting				
Residents requiring some or total assistance in toileting.	67	68.4	73.3	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	73	74.5	89.5	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	67	68.4	67.8	68.2
Residents on individually written bowel and bladder retraining program.	3	3.1	5.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	43	43.9	35.2	37.7
Completely bedfast residents.	1	1.0	1.5	3.4
Residents confined to chairs.	58	59.2	48.3	50.8
Residents requiring restraints.	44	44.9	40.5	41.3
Confused or disoriented residents.	42	42.9	57.1	58.4
Residents with bed sores.	2	2.0	6.4	7.1
Residents receiving special skin care.	29	29.6	28.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	8	3.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.9	518	5.5
Each resident is free from mental and physical abuse.	MET	4	1.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	4.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	102	40.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.4	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	3	1.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.8	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	10	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	168	66.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	120	47.2	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	49	19.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	61	24.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	39	15.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	29	11.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	80	31.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	56	22.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	105	41.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	36	14.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	5	2.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	13.8	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	50	19.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	15.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	24	9.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	3.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	129	50.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	140	55.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	182	71.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	72	28.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	184	72.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE NEW SEAERA CONVALESCENT CENTER

Street Address:		City and State:	
EIGHTH & WASHINGTON (P O BOX 619)		LONG BEACH WA 98631	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	53	PROPRIETARY	03/04/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:	
47	0	34	

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	47	100	80.1	81.5
Dressing				
Residents requiring some or total assistance in dressing.	42	89.4	82.6	83.2
Toileting				
Residents requiring some or total assistance in toileting.	45	95.7	73.3	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	44	93.6	89.5	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	41	87.2	67.8	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	5.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	14	29.8	35.2	37.7
Completely bedfast residents.	1	2.1	1.5	3.4
Residents confined to chairs.	23	48.9	48.3	50.8
Residents requiring restraints.	24	51.1	40.5	41.3
Confused or disoriented residents.	24	51.1	57.1	58.4
Residents with bed sores.	1	2.1	6.4	7.1
Residents receiving special skin care.	10	21.3	28.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	8	3.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	10	3.9	518	5.5
Each resident is free from mental and physical abuse.	MET	4	1.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	4.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	102	40.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.4	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	3	1.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.8	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	10	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	168	66.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	120	47.2	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	49	19.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	61	24.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	39	15.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	29	11.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	80	31.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	56	22.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	105	41.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	36	14.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	5	2.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	35	13.8	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	50	19.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	15.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	24	9.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	3.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	129	50.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	140	55.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	182	71.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	72	28.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	184	72.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE OCEAN VIEW CONVALESCENT CENTER

Street Address: RT 1 BOX 580		City and State: LONG BEACH WA 98631	
Participation: MEDICAID SNF/ICF	# of Beds: 62	Type of Ownership: PROPRIETARY	Survey Date: 04/29/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 60	Medicare Residents: 0	Medicaid Residents: 52	
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	0	0.0	80.1	81.5
Dressing Residents requiring some or total assistance in dressing.	40	66.7	82.6	83.2
Toileting Residents requiring some or total assistance in toileting.	36	60.0	73.3	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	31	51.7	89.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	37	61.7	67.8	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	5.6	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	11	18.3	35.2	37.7
Completely bedfast residents.	0	0.0	1.5	3.4
Residents confined to chairs.	20	33.3	48.3	50.8
Residents requiring restraints.	20	33.3	40.5	41.3
Confused or disoriented residents.	22	36.7	57.1	58.4
Residents with bed sores.	3	5.0	6.4	7.1
Residents receiving special skin care.	2	3.3	28.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	8	3.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.9	518	5.5
Each resident is free from mental and physical abuse.	MET	4	1.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	11	4.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	102	40.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.4	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	3	1.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.8	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	10	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	168	66.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	120	47.2	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	49	19.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	61	24.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	39	15.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	29	11.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	80	31.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	56	22.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	105	41.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	36	14.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	5	2.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	35	13.8	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	50	19.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	40	15.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	24	9.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	8	3.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	129	50.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	140	55.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	182	71.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	72	28.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	184	72.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE AMERICANA CONVALESCENT HOME

Street Address:		City and State:	
917 SEVENTH AVE		LONGVIEW WA 98632	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID SNF/ICF	82	NON-PROFIT OTHER	03/28/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:	
73	0	56	

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	55	75.3	80.1	81.5
Dressing				
Residents requiring some or total assistance in dressing.	17	23.3	82.6	83.2
Toileting				
Residents requiring some or total assistance in toileting.	61	83.6	73.3	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	59	80.8	89.5	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	55	75.3	67.8	68.2
Residents on individually written bowel and bladder retraining program.	4	5.5	5.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	31	42.5	35.2	37.7
Completely bedfast residents.	2	2.7	1.5	3.4
Residents confined to chairs.	18	24.7	48.3	50.8
Residents requiring restraints.	39	53.4	40.5	41.3
Confused or disoriented residents.	57	78.1	57.1	58.4
Residents with bed sores.	9	12.3	6.4	7.1
Residents receiving special skin care.	7	9.6	28.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	8	3.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.9	518	5.5
Each resident is free from mental and physical abuse.	MET	4	1.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	4.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	102	40.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.4	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	3	1.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.8	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	10	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	168	66.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	120	47.2	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	49	19.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	61	24.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	39	15.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	29	11.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	80	31.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	56	22.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	105	41.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	36	14.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	5	2.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	13.8	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	50	19.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	15.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	24	9.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	3.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	129	50.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	140	55.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	182	71.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	72	28.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	184	72.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE COWLITZ CONVALESCENT CENTER

Street Address:		City and State:	
1541 11TH AVENUE		LONGVIEW WA 98632	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID SNF/ICF	52	PROPRIETARY	09/25/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
49	0	32

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	34	69.4	80.1	81.5
Dressing				
Residents requiring some or total assistance in dressing.	38	77.6	82.6	83.2
Toileting				
Residents requiring some or total assistance in toileting.	34	69.4	73.3	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	33	67.3	89.5	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	35	71.4	67.8	68.2
Residents on individually written bowel and bladder retraining program.	11	22.4	5.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	7	14.3	35.2	37.7
Completely bedfast residents.	0	0.0	1.5	3.4
Residents confined to chairs.	12	24.5	48.3	50.8
Residents requiring restraints.	23	46.9	40.5	41.3
Confused or disoriented residents.	34	69.4	57.1	58.4
Residents with bed sores.	7	14.3	6.4	7.1
Residents receiving special skin care.	7	14.3	28.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	8	3.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.9	518	5.5
Each resident is free from mental and physical abuse.	MET	4	1.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	4.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	102	40.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.4	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	3	1.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.8	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	10	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	168	66.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	120	47.2	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	49	19.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	61	24.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	39	15.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	29	11.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	80	31.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	56	22.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	105	41.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	36	14.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	5	2.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	13.8	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	50	19.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	15.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	24	9.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	3.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	129	50.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	140	55.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	182	71.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	72	28.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	184	72.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE FRONTIER EXTENDED CARE FACILITY

Street Address:		City and State:	
1500 THIRD AVENUE		LONGVIEW WA 98632	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	146	NON-PROFIT PRIVATE	03/04/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
139	3	84

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	109	78.4	80.1	81.5
Dressing				
Residents requiring some or total assistance in dressing.	122	87.8	82.6	83.2
Toileting				
Residents requiring some or total assistance in toileting.	112	80.6	73.3	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	61	43.9	89.5	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	98	70.5	67.8	68.2
Residents on individually written bowel and bladder retraining program.	28	20.1	5.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	57	41.0	35.2	37.7
Completely bedfast residents.	3	2.2	1.5	3.4
Residents confined to chairs.	80	57.6	48.3	50.8
Residents requiring restraints.	78	56.1	40.5	41.3
Confused or disoriented residents.	65	46.8	57.1	58.4
Residents with bed sores.	24	17.3	6.4	7.1
Residents receiving special skin care.	19	13.7	28.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	8	3.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.9	518	5.5
Each resident is free from mental and physical abuse.	MET	4	1.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	4.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	102	40.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.4	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	3	1.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.8	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	10	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	168	66.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	120	47.2	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	49	19.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	61	24.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	39	15.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	29	11.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	80	31.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	56	22.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	105	41.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	36	14.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	5	2.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	13.8	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	50	19.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	15.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	24	9.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	3.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	129	50.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	140	55.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	182	71.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	72	28.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	184	72.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE MANOR NURSING HOME (THE)

Street Address: 1330 ELEVENTH AVE		City and State: LONGVIEW WA 98632	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 55	Type of Ownership: NON-PROFIT OTHER	Survey Date: 10/30/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 55	Medicare Residents: 0	Medicaid Residents: 40
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

FACILITY		STATE	NATION
#	%	%	%

Bathing Residents requiring some or total assistance in bathing.	35	63.6	80.1	81.5
Dressing Residents requiring some or total assistance in dressing.	50	90.9	82.6	83.2
Toileting Residents requiring some or total assistance in toileting.	48	87.3	73.3	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	51	92.7	89.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	37	67.3	67.8	68.2
Residents on individually written bowel and bladder retraining program.	2	3.6	5.6	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	15	27.3	35.2	37.7
Completely bedfast residents.	1	1.8	1.5	3.4
Residents confined to chairs.	47	85.5	48.3	50.8
Residents requiring restraints.	34	61.8	40.5	41.3
Confused or disoriented residents.	24	43.6	57.1	58.4
Residents with bed sores.	6	10.9	6.4	7.1
Residents receiving special skin care.	39	70.9	28.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	8	3.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.9	518	5.5
Each resident is free from mental and physical abuse.	MET	4	1.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	4.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	102	40.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.4	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	3	1.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.8	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	10	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	168	66.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	120	47.2	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	49	19.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	61	24.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	39	15.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	29	11.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	80	31.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	56	22.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	105	41.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	36	14.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	5	2.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	13.8	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	50	19.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	15.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	24	9.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	3.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	129	50.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	140	55.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	182	71.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	72	28.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	184	72.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE NORTHWEST CONTINUUM CARE CENTER

Street Address:		City and State:	
128 BEACON HILL DRIVE		LONGVIEW WA 98636	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF	74	PROPRIETARY	03/12/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
74	0	22		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	66	89.2	80.1	81.5
Dressing				
Residents requiring some or total assistance in dressing.	59	79.7	82.6	83.2
Toileting				
Residents requiring some or total assistance in toileting.	39	52.7	73.3	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	37	50.0	89.5	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	42	56.8	67.8	68.2
Residents on individually written bowel and bladder retraining program.	4	5.4	5.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	18	24.3	35.2	37.7
Completely bedfast residents.	1	1.4	1.5	3.4
Residents confined to chairs.	38	51.4	48.3	50.8
Residents requiring restraints.	21	28.4	40.5	41.3
Confused or disoriented residents.	42	56.8	57.1	58.4
Residents with bed sores.	1	1.4	6.4	7.1
Residents receiving special skin care.	19	25.7	28.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	8	3.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	10	3.9	518	5.5
Each resident is free from mental and physical abuse.	MET	4	1.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	4.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	102	40.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.4	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	3	1.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.8	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	10	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	168	66.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	120	47.2	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	49	19.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	61	24.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	39	15.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	29	11.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	80	31.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	56	22.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	105	41.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	36	14.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	5	2.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	13.8	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	50	19.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	15.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	24	9.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	3.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	129	50.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	140	55.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	182	71.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	72	28.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	184	72.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE PARK ROYAL MEDICAL

Street Address: 910 SIXTEENTH AVE		City and State: LONGVIEW WA 98632	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 62	Type of Ownership: PROPRIETARY	Survey Date: 02/05/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 59	Medicare Residents: 1	Medicaid Residents: 47		
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	46	78.0	80.1	81.5
Dressing				
Residents requiring some or total assistance in dressing.	55	93.2	82.6	83.2
Toileting				
Residents requiring some or total assistance in toileting.	49	83.1	73.3	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	59	100	89.5	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	49	83.1	67.8	68.2
Residents on individually written bowel and bladder retraining program.	6	10.2	5.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	24	40.7	35.2	37.7
Completely bedfast residents.	1	1.7	1.5	3.4
Residents confined to chairs.	35	59.3	48.3	50.8
Residents requiring restraints.	41	69.5	40.5	41.3
Confused or disoriented residents.	43	72.9	57.1	58.4
Residents with bed sores.	8	13.6	6.4	7.1
Residents receiving special skin care.	15	25.4	28.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	8	3.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.9	518	5.5
Each resident is free from mental and physical abuse.	MET	4	1.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	4.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	102	40.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.4	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	3	1.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.8	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	10	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	168	66.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	120	47.2	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	49	19.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	61	24.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	39	15.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	29	11.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	80	31.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	56	22.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	105	41.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	36	14.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	5	2.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	13.8	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	50	19.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	15.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	24	9.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	3.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	129	50.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	140	55.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	182	71.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	72	28.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	184	72.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE CHRISTIAN REST HOME

Street Address:		City and State:	
206 SOUTH BC AVENUE		LYNDEN WA 98264	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID SNF/ICF	150	NON-PROFIT OTHER	09/18/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
147	0	84

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	106	72.1	80.1	81.5
Dressing				
Residents requiring some or total assistance in dressing.	108	73.5	82.6	83.2
Toileting				
Residents requiring some or total assistance in toileting.	94	63.9	73.3	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	147	100	89.5	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	89	60.5	67.8	68.2
Residents on individually written bowel and bladder retraining program.	7	4.8	5.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	66	44.9	35.2	37.7
Completely bedfast residents.	2	1.4	1.5	3.4
Residents confined to chairs.	31	21.1	48.3	50.8
Residents requiring restraints.	71	48.3	40.5	41.3
Confused or disoriented residents.	95	64.6	57.1	58.4
Residents with bed sores.	2	1.4	6.4	7.1
Residents receiving special skin care.	69	46.9	28.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	8	3.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.9	518	5.5
Each resident is free from mental and physical abuse.	MET	4	1.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	4.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	102	40.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.4	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	3	1.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.8	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	10	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	168	66.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	120	47.2	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	49	19.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	61	24.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	39	15.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	29	11.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	80	31.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	56	22.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	105	41.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	36	14.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	5	2.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	13.8	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	50	19.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	15.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	24	9.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	3.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	129	50.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	140	55.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	182	71.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	72	28.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	184	72.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE LYNNWOOD MANOR HEALTH CARE CENTER

Street Address:		City and State:	
5821 - 188TH SW		LYNNWOOD WA 98036	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID SNF/ICF	109	PROPRIETARY	04/04/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
103	0	64		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	58	56.3	80.1	81.5
Dressing				
Residents requiring some or total assistance in dressing.	77	74.8	82.6	83.2
Toileting				
Residents requiring some or total assistance in toileting.	68	66.0	73.3	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	73	70.9	89.5	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	68	66.0	67.8	68.2
Residents on individually written bowel and bladder retraining program.	4	3.9	5.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	35	34.0	35.2	37.7
Completely bedfast residents.	0	0.0	1.5	3.4
Residents confined to chairs.	50	48.5	48.3	50.8
Residents requiring restraints.	36	35.0	40.5	41.3
Confused or disoriented residents.	65	63.1	57.1	58.4
Residents with bed sores.	6	5.8	6.4	7.1
Residents receiving special skin care.	3	2.9	28.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	8	3.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.9	518	5.5
Each resident is free from mental and physical abuse.	MET	4	1.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	4.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	102	40.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.4	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	3	1.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.8	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	10	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	168	66.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	120	47.2	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	49	19.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	61	24.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	39	15.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	29	11.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	80	31.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	56	22.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	105	41.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	36	14.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	5	2.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	13.8	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	50	19.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	15.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	24	9.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	3.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	129	50.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	140	55.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	182	71.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	72	28.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	184	72.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE HAVENWOOD CARE CENTER

Street Address:		City and State:	
1821 GROVE ST		MARYSVILLE WA 98270	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID SNF/ICF	46	PROPRIETARY	01/25/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
46	0	21

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	37	80.4	80.1	81.5
Dressing				
Residents requiring some or total assistance in dressing.	38	82.6	82.6	83.2
Toileting				
Residents requiring some or total assistance in toileting.	39	84.8	73.3	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	38	82.6	89.5	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	40	87.0	67.8	68.2
Residents on individually written bowel and bladder retraining program.	23	50.0	5.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	9	19.6	35.2	37.7
Completely bedfast residents.	0	0.0	1.5	3.4
Residents confined to chairs.	33	71.7	48.3	50.8
Residents requiring restraints.	15	32.6	40.5	41.3
Confused or disoriented residents.	31	67.4	57.1	58.4
Residents with bed sores.	2	4.3	6.4	7.1
Residents receiving special skin care.	21	45.7	28.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	8	3.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.9	518	5.5
Each resident is free from mental and physical abuse.	MET	4	1.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	4.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	102	40.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.4	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	3	1.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.8	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	10	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	168	66.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	120	47.2	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	49	19.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	61	24.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	39	15.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	29	11.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	80	31.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	56	22.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	105	41.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	36	14.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	5	2.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	13.8	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	50	19.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	15.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	24	9.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	3.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	129	50.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	140	55.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	182	71.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	72	28.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	184	72.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE MADELEINE VILLA CONVALESCENT CENTER

Street Address:		City and State:	
SECOND AND LIBERTY		MARYSVILLE WA 98270	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID SNF/ICF	108	PROPRIETARY	08/28/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
105	62	4		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	104	99.0	80.1	81.5
Dressing				
Residents requiring some or total assistance in dressing.	92	87.6	82.6	83.2
Toileting				
Residents requiring some or total assistance in toileting.	88	83.8	73.3	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	105	100	89.5	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	88	83.8	67.8	68.2
Residents on individually written bowel and bladder retraining program.	3	2.9	5.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	40	38.1	35.2	37.7
Completely bedfast residents.	0	0.0	1.5	3.4
Residents confined to chairs.	24	22.9	48.3	50.8
Residents requiring restraints.	42	40.0	40.5	41.3
Confused or disoriented residents.	98	93.3	57.1	58.4
Residents with bed sores.	1	1.0	6.4	7.1
Residents receiving special skin care.	105	100	28.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	8	3.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.9	518	5.5
Each resident is free from mental and physical abuse.	MET	4	1.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	4.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	102	40.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.4	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	3	1.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.8	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	10	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	168	66.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	120	47.2	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	49	19.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	61	24.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	39	15.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	29	11.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	80	31.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	56	22.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	105	41.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	36	14.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	5	2.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	13.8	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	50	19.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	15.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	24	9.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	3.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	129	50.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	140	55.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	182	71.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	72	28.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	184	72.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE NISQUALLY VALLEY CARE CENTER

Street Address:		City and State:	
1 MAIN ST (P O BOX B)		MCKENNA WA 98558	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID SNF/ICF	133	PROPRIETARY	09/14/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:	
85	0	77	

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	58	68.2	80.1	81.5
Dressing				
Residents requiring some or total assistance in dressing.	57	67.1	82.6	83.2
Toileting				
Residents requiring some or total assistance in toileting.	45	52.9	73.3	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	34	40.0	89.5	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	47	55.3	67.8	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	5.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	23	27.1	35.2	37.7
Completely bedfast residents.	0	0.0	1.5	3.4
Residents confined to chairs.	17	20.0	48.3	50.8
Residents requiring restraints.	10	11.8	40.5	41.3
Confused or disoriented residents.	69	81.2	57.1	58.4
Residents with bed sores.	2	2.4	6.4	7.1
Residents receiving special skin care.	13	15.3	28.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	8	3.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.9	518	5.5
Each resident is free from mental and physical abuse.	MET	4	1.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	4.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	102	40.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.4	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	3	1.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.8	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	10	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	168	66.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	120	47.2	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	49	19.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	61	24.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	39	15.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	29	11.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	80	31.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	56	22.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	105	41.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	36	14.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	5	2.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	13.8	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	50	19.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	15.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	24	9.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	3.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	129	50.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	140	55.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	182	71.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	72	28.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	184	72.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE MERCER ISLAND CARE CENTER

Street Address: 7445 SE 24TH ST		City and State: MERCER ISLAND WA 98040	
Participation: MEDICARE SNF	# of Beds: 108	Type of Ownership: PROPRIETARY	Survey Date: 04/19/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 99	Medicare Residents: 2	Medicaid Residents: 0	
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	84	84.8	80.1	81.5
Dressing Residents requiring some or total assistance in dressing.	82	82.8	82.6	83.2
Toileting Residents requiring some or total assistance in toileting.	77	77.8	73.3	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	75	75.8	89.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	37	37.4	67.8	68.2
Residents on individually written bowel and bladder retraining program.	5	5.1	5.6	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	25	25.3	35.2	37.7
Completely bedfast residents.	0	0.0	1.5	3.4
Residents confined to chairs.	16	16.2	48.3	50.8
Residents requiring restraints.	34	34.3	40.5	41.3
Confused or disoriented residents.	43	43.4	57.1	58.4
Residents with bed sores.	8	8.1	6.4	7.1
Residents receiving special skin care.	45	45.5	28.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	8	3.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.9	518	5.5
Each resident is free from mental and physical abuse.	MET	4	1.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	4.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	102	40.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.4	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	3	1.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.8	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	10	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	168	66.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	120	47.2	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	49	19.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	61	24.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	39	15.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	29	11.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	80	31.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	56	22.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	105	41.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	36	14.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	5	2.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	13.8	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	50	19.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	15.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	24	9.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	3.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	129	50.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	140	55.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	182	71.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	72	28.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	184	72.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE MONROE CONVALESCENT CTR-REGENCY

Street Address:		City and State:	
1355 WEST MAIN STREET		MONROE WA 98272	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID SNF/ICF	92	PROPRIETARY	03/10/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
52	0	46

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%

Bathing				
Residents requiring some or total assistance in bathing.	42	80.8	80.1	81.5
Dressing				
Residents requiring some or total assistance in dressing.	40	76.9	82.6	83.2
Toileting				
Residents requiring some or total assistance in toileting.	33	63.5	73.3	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	30	57.7	89.5	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	40	76.9	67.8	68.2
Residents on individually written bowel and bladder retraining program.	2	3.8	5.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	22	42.3	35.2	37.7
Completely bedfast residents.	21	40.4	1.5	3.4
Residents confined to chairs.	36	69.2	48.3	50.8
Residents requiring restraints.	25	48.1	40.5	41.3
Confused or disoriented residents.	21	40.4	57.1	58.4
Residents with bed sores.	5	9.6	6.4	7.1
Residents receiving special skin care.	5	9.6	28.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	8	3.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.9	518	5.5
Each resident is free from mental and physical abuse.	MET	4	1.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	4.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	102	40.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.4	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	3	1.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.8	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	10	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	168	66.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	120	47.2	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	49	19.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	61	24.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	39	15.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	29	11.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	80	31.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	56	22.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	105	41.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	36	14.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	5	2.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	13.8	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	50	19.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	15.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	24	9.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	3.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	129	50.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	140	55.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	182	71.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	72	28.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	184	72.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE

EDGEWOOD MANOR OF GRAYS HARBOR

Street Address:		City and State:	
514 E BROADWAY		MONTESANO WA 98563	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID ICF	37	PROPRIETARY	02/20/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
34	0	34

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	12	35.3	60.0	78.3
Dressing				
Residents requiring some or total assistance in dressing.	17	50.0	50.0	76.7
Toileting				
Residents requiring some or total assistance in toileting.	13	38.2	33.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	20	58.8	39.2	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	8	23.5	34.5	59.1
Residents on individually written bowel and bladder retraining program.	2	5.9	9.9	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	2	5.9	9.0	29.3
Completely bedfast residents.	0	0.0	0.6	3.6
Residents confined to chairs.	8	23.5	8.2	39.1
Residents requiring restraints.	2	5.9	9.6	31.7
Confused or disoriented residents.	5	14.7	53.0	55.8
Residents with bed sores.	0	0.0	2.3	4.7
Residents receiving special skin care.	0	0.0	19.7	24.0

SELECTED PERFORMANCE INDICATORS

“Facility” column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. “State” and “Nation” columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. “Met” means that the facility is in compliance with the specific requirement. “Not Met” means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	1	3.4	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	2	6.9	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	3.4	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	3.4	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	0	0.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	8	27.6	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	0	0.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	1	3.4	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	4	13.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	0	0.0	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	0	0.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	3	10.3	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	2	6.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	14	48.3	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	3	10.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	3.4	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	4	13.8	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	6	20.7	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	2	6.9	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	4	13.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	2	6.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	10.3	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	20	69.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE MORTON NURSING HOME

Street Address:		City and State:	
134 ADAMS ST (P O BOX 249)		MORTON WA 98356	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID ICF	23	NON-PROFIT OTHER	02/04/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
23	0	14		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	20	87.0	60.0	78.3
Dressing				
Residents requiring some or total assistance in dressing.	13	56.5	50.0	76.7
Toileting				
Residents requiring some or total assistance in toileting.	9	39.1	33.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	9	39.1	39.2	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	3	13.0	34.5	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	9.9	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	3	13.0	9.0	29.3
Completely bedfast residents.	0	0.0	0.6	3.6
Residents confined to chairs.	2	8.7	8.2	39.1
Residents requiring restraints.	4	17.4	9.6	31.7
Confused or disoriented residents.	15	65.2	53.0	55.8
Residents with bed sores.	0	0.0	2.3	4.7
Residents receiving special skin care.	3	13.0	19.7	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	1	3.4	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	2	6.9	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	3.4	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	3.4	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	0	0.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	8	27.6	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	0	0.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	1	3.4	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	4	13.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	0	0.0	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	0	0.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	3	10.3	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	2	6.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	14	48.3	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	3	10.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	3.4	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	4	13.8	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	6	20.7	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	2	6.9	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	4	13.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	2	6.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	10.3	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	20	69.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE CRESTVIEW NURSING HOME

Street Address:		City and State:	
817 E PLUM ST		MOSES LAKE WA 98837	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	96	PROPRIETARY	08/03/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
81	2	63

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	44	54.3	80.1	81.5
Dressing				
Residents requiring some or total assistance in dressing.	60	74.1	82.6	83.2
Toileting				
Residents requiring some or total assistance in toileting.	62	76.5	73.3	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	57	70.4	89.5	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	38	46.9	67.8	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	5.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	57	70.4	35.2	37.7
Completely bedfast residents.	1	1.2	1.5	3.4
Residents confined to chairs.	23	28.4	48.3	50.8
Residents requiring restraints.	15	18.5	40.5	41.3
Confused or disoriented residents.	20	24.7	57.1	58.4
Residents with bed sores.	5	6.2	6.4	7.1
Residents receiving special skin care.	5	6.2	28.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	8	3.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.9	518	5.5
Each resident is free from mental and physical abuse.	MET	4	1.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	4.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	102	40.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.4	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	3	1.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.8	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	10	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	168	66.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	120	47.2	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	49	19.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	61	24.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	39	15.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	29	11.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	80	31.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	56	22.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	105	41.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	36	14.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	5	2.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	13.8	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	50	19.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	40	15.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	24	9.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	3.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	129	50.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	140	55.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	182	71.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	72	28.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	184	72.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE EVERGREEN TERRACE NURSING CENTER

Street Address:		City and State:	
2120 E DIVISION ST		MOUNT VERNON WA 98273	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	141	PROPRIETARY	02/29/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
92	5	65		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	84	91.3	80.1	81.5
Dressing				
Residents requiring some or total assistance in dressing.	89	96.7	82.6	83.2
Toileting				
Residents requiring some or total assistance in toileting.	70	76.1	73.3	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	71	77.2	89.5	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	71	77.2	67.8	68.2
Residents on individually written bowel and bladder retraining program.	10	10.9	5.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	35	38.0	35.2	37.7
Completely bedfast residents.	0	0.0	1.5	3.4
Residents confined to chairs.	86	93.5	48.3	50.8
Residents requiring restraints.	40	43.5	40.5	41.3
Confused or disoriented residents.	26	28.3	57.1	58.4
Residents with bed sores.	7	7.6	6.4	7.1
Residents receiving special skin care.	49	53.3	28.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	8	3.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.9	518	5.5
Each resident is free from mental and physical abuse.	MET	4	1.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	4.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	102	40.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.4	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	3	1.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.8	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	10	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	168	66.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	120	47.2	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	49	19.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	61	24.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	39	15.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	29	11.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	80	31.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	56	22.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	105	41.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	36	14.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	5	2.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	13.8	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	50	19.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	15.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	24	9.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	3.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	129	50.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	140	55.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	182	71.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	72	28.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	184	72.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE MIRA VISTA CARE CENTER

Street Address: 300 SOUTH 18TH		City and State: MOUNT VERNON WA 98273	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 94	Type of Ownership: PROPRIETARY	Survey Date: 06/02/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 94	Medicare Residents: 0	Medicaid Residents: 80	
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	76	80.9	80.1	81.5
Dressing Residents requiring some or total assistance in dressing.	81	86.2	82.6	83.2
Toileting Residents requiring some or total assistance in toileting.	70	74.5	73.3	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	94	100	89.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	61	64.9	67.8	68.2
 Residents on individually written bowel and bladder retraining program.	2	2.1	5.6	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	35	37.2	35.2	37.7
 Completely bedfast residents.	0	0.0	1.5	3.4
 Residents confined to chairs.	60	63.8	48.3	50.8
 Residents requiring restraints.	45	47.9	40.5	41.3
 Confused or disoriented residents.	47	50.0	57.1	58.4
 Residents with bed sores.	6	6.4	6.4	7.1
 Residents receiving special skin care.	30	31.9	28.0	31.2

SELECTED PERFORMANCE INDICATORS

“Facility” column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. “State” and “Nation” columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. “Met” means that the facility is in compliance with the specific requirement. “Not Met” means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	8	3.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.9	518	5.5
Each resident is free from mental and physical abuse.	MET	4	1.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	4.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	102	40.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.4	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	3	1.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.8	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	10	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	168	66.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	120	47.2	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	49	19.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	61	24.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	39	15.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	29	11.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	80	31.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	56	22.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	105	41.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	36	14.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	5	2.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	13.8	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	50	19.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	15.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	24	9.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	3.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	129	50.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	140	55.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	182	71.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	72	28.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	184	72.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE STRAWN NURSING HOME

Street Address:		City and State:	
ROUTE 1 BOX 635		NACHES WA 98937	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID ICF	39	PROPRIETARY	07/01/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
38	0	27		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	33	86.8	60.0	78.3
Dressing				
Residents requiring some or total assistance in dressing.	27	71.1	50.0	76.7
Toileting				
Residents requiring some or total assistance in toileting.	10	26.3	33.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	6	15.8	39.2	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	13	34.2	34.5	59.1
Residents on individually written bowel and bladder retraining program.	8	21.1	9.9	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	0	0.0	9.0	29.3
Completely bedfast residents.	0	0.0	0.6	3.6
Residents confined to chairs.	1	2.6	8.2	39.1
Residents requiring restraints.	0	0.0	9.6	31.7
Confused or disoriented residents.	28	73.7	53.0	55.8
Residents with bed sores.	0	0.0	2.3	4.7
Residents receiving special skin care.	8	21.1	19.7	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	1	3.4	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	2	6.9	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	3.4	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	3.4	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	0	0.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	8	27.6	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	0	0.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	1	3.4	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	4	13.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	0	0.0	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	0	0.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	3	10.3	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	2	6.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	14	48.3	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	3	10.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	3.4	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	4	13.8	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	6	20.7	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	2	6.9	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	4	13.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	2	6.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	10.3	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	20	69.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE COLVILLE TRIBAL CONVALESCENT CENTER

Street Address: COLVILLE INDIAN AGENCY CAMPUS-BOX 150		City and State: NESPELEM WA 99155	
Participation: MEDICAID SNF/ICF	# of Beds: 52	Type of Ownership: NON-PROFIT OTHER	Survey Date: 10/28/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 43	Medicare Residents: 0	Medicaid Residents: 40
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	19	44.2	80.1	81.5
Dressing Residents requiring some or total assistance in dressing.	30	69.8	82.6	83.2
Toileting Residents requiring some or total assistance in toileting.	24	55.8	73.3	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	34	79.1	89.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	23	53.5	67.8	68.2
 Residents on individually written bowel and bladder retraining program.	8	18.6	5.6	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	7	16.3	35.2	37.7
 Completely bedfast residents.	0	0.0	1.5	3.4
 Residents confined to chairs.	17	39.5	48.3	50.8
 Residents requiring restraints.	2	4.7	40.5	41.3
 Confused or disoriented residents.	11	25.6	57.1	58.4
 Residents with bed sores.	2	4.7	6.4	7.1
 Residents receiving special skin care.	2	4.7	28.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	8	3.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.9	518	5.5
Each resident is free from mental and physical abuse.	MET	4	1.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	4.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	102	40.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.4	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	3	1.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.8	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	10	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	168	66.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	120	47.2	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	49	19.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	61	24.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	39	15.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	29	11.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	80	31.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	56	22.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	105	41.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	36	14.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	5	2.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	35	13.8	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	50	19.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	40	15.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	24	9.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	3.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	129	50.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	140	55.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	182	71.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	72	28.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	184	72.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE PEND OREILLE PINES NURSING HOME

Street Address:		City and State:	
SCOTT & PINE ST (BOX 669)		NEWPORT WA 99156	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID SNF/ICF	50	LOCAL GOVERNMENT	04/15/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
46	0	34

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	44	95.7	80.1	81.5
Dressing				
Residents requiring some or total assistance in dressing.	30	65.2	82.6	83.2
Toileting				
Residents requiring some or total assistance in toileting.	36	78.3	73.3	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	32	69.6	89.5	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	35	76.1	67.8	68.2
Residents on individually written bowel and bladder retraining program.	2	4.3	5.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	8	17.4	35.2	37.7
Completely bedfast residents.	1	2.2	1.5	3.4
Residents confined to chairs.	11	23.9	48.3	50.8
Residents requiring restraints.	10	21.7	40.5	41.3
Confused or disoriented residents.	20	43.5	57.1	58.4
Residents with bed sores.	1	2.2	6.4	7.1
Residents receiving special skin care.	7	15.2	28.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	8	3.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.9	518	5.5
Each resident is free from mental and physical abuse.	MET	4	1.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	4.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	102	40.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.4	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	3	1.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.8	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	10	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	168	66.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	120	47.2	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	49	19.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	61	24.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	39	15.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	29	11.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	80	31.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	56	22.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	105	41.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	36	14.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	5	2.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	35	13.8	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	50	19.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	15.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	24	9.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	3.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	129	50.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	140	55.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	182	71.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	72	28.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	184	72.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE NORTH BEND NURSING HOME

Street Address:		City and State:	
219 CEDAR AVE S (P O BOX E)		NORTH BEND WA 98045	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID SNF/ICF	94	PROPRIETARY	08/26/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:	
92	0	61	

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	91	98.9	80.1	81.5
Dressing				
Residents requiring some or total assistance in dressing.	79	85.9	82.6	83.2
Toileting				
Residents requiring some or total assistance in toileting.	67	72.8	73.3	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	61	66.3	89.5	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	64	69.6	67.8	68.2
Residents on individually written bowel and bladder retraining program.	1	1.1	5.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	33	35.9	35.2	37.7
Completely bedfast residents.	12	13.0	1.5	3.4
Residents confined to chairs.	43	46.7	48.3	50.8
Residents requiring restraints.	51	55.4	40.5	41.3
Confused or disoriented residents.	61	66.3	57.1	58.4
Residents with bed sores.	10	10.9	6.4	7.1
Residents receiving special skin care.	23	25.0	28.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	8	3.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.9	518	5.5
Each resident is free from mental and physical abuse.	MET	4	1.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	4.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	102	40.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.4	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	3	1.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.8	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	10	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	168	66.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	120	47.2	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	49	19.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	61	24.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	39	15.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	29	11.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	80	31.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	56	22.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	105	41.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	36	14.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	5	2.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	13.8	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	50	19.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	15.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	24	9.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	3.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	129	50.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	140	55.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	182	71.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	72	28.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	184	72.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE WHIDBEY ISLAND MANOR

Street Address:		City and State:	
5425-500TH AVE W (P OO BOX 1900)		OAK HARBOR WA 98277	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID SNF/ICF	62	PROPRIETARY	09/10/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
57	0	38

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	55	96.5	80.1	81.5
Dressing				
Residents requiring some or total assistance in dressing.	44	77.2	82.6	83.2
Toileting				
Residents requiring some or total assistance in toileting.	42	73.7	73.3	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	57	100	89.5	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	37	64.9	67.8	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	5.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	18	31.6	35.2	37.7
Completely bedfast residents.	0	0.0	1.5	3.4
Residents confined to chairs.	39	68.4	48.3	50.8
Residents requiring restraints.	33	57.9	40.5	41.3
Confused or disoriented residents.	38	66.7	57.1	58.4
Residents with bed sores.	2	3.5	6.4	7.1
Residents receiving special skin care.	38	66.7	28.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	8	3.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.9	518	5.5
Each resident is free from mental and physical abuse.	MET	4	1.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	4.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	102	40.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.4	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	3	1.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.8	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	10	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	168	66.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	120	47.2	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	49	19.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	61	24.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	39	15.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	29	11.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	80	31.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	56	22.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	105	41.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	36	14.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	5	2.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	13.8	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	50	19.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	15.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	24	9.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	3.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	129	50.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	140	55.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	182	71.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	72	28.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	184	72.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE MEMORIAL HOSPITAL-ODESSA

Street Address: 502 EAST AMENDE		City and State: ODESSA WA 99159	
Participation: MEDICAID SNF/ICF	# of Beds: 23	Type of Ownership: LOCAL GOVERNMENT	Survey Date: 05/26/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 23	Medicare Residents: 1	Medicaid Residents: 10	
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	15	65.2	80.1	81.5
Dressing Residents requiring some or total assistance in dressing.	15	65.2	82.6	83.2
Toileting Residents requiring some or total assistance in toileting.	15	65.2	73.3	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	14	60.9	89.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	15	65.2	67.8	68.2
 Residents on individually written bowel and bladder retraining program.	17	73.9	5.6	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	4	17.4	35.2	37.7
 Completely bedfast residents.	0	0.0	1.5	3.4
 Residents confined to chairs.	8	34.8	48.3	50.8
 Residents requiring restraints.	14	60.9	40.5	41.3
 Confused or disoriented residents.	12	52.2	57.1	58.4
 Residents with bed sores.	1	4.3	6.4	7.1
 Residents receiving special skin care.	14	60.9	28.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	8	3.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.9	518	5.5
Each resident is free from mental and physical abuse.	MET	4	1.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	4.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	102	40.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.4	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	3	1.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.8	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	10	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	168	66.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	120	47.2	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	49	19.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	61	24.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	39	15.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	29	11.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	80	31.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	56	22.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	105	41.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	36	14.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	5	2.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	13.8	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	50	19.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	15.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	24	9.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	3.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	129	50.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	140	55.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	182	71.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	72	28.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	184	72.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE VALLEY CARE CENTER

Street Address: 520 SOUTH 2ND AVE		City and State: OKANOGAN WA 98840	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 89	Type of Ownership: PROPRIETARY	Survey Date: 09/01/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 85	Medicare Residents: 2	Medicaid Residents: 70
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	80	94.1	80.1	81.5
Dressing				
Residents requiring some or total assistance in dressing.	75	88.2	82.6	83.2
Toileting				
Residents requiring some or total assistance in toileting.	66	77.6	73.3	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	81	95.3	89.5	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	76	89.4	67.8	68.2
Residents on individually written bowel and bladder retraining program.	2	2.4	5.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	35	41.2	35.2	37.7
Completely bedfast residents.	2	2.4	1.5	3.4
Residents confined to chairs.	46	54.1	48.3	50.8
Residents requiring restraints.	23	27.1	40.5	41.3
Confused or disoriented residents.	57	67.1	57.1	58.4
Residents with bed sores.	10	11.8	6.4	7.1
Residents receiving special skin care.	16	18.8	28.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	8	3.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.9	518	5.5
Each resident is free from mental and physical abuse.	MET	4	1.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	4.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	102	40.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.4	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	3	1.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.8	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	10	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	168	66.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	120	47.2	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	49	19.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	61	24.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	39	15.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	29	11.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	80	31.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	56	22.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	105	41.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	36	14.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	5	2.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	13.8	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	50	19.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	15.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	24	9.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	3.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	129	50.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	140	55.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	182	71.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	72	28.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	184	72.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE EVERGREEN CONVALESCENT CENTER

Street Address: 430 N LILLY RD		City and State: OLYMPIA WA 98501	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 151	Type of Ownership: PROPRIETARY	Survey Date: 02/27/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 140	Medicare Residents: 9	Medicaid Residents: 87
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	126	90.0	80.1	81.5
Dressing				
Residents requiring some or total assistance in dressing.	115	82.1	82.6	83.2
Toileting				
Residents requiring some or total assistance in toileting.	108	77.1	73.3	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	108	77.1	89.5	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	108	77.1	67.8	68.2
Residents on individually written bowel and bladder retraining program.	6	4.3	5.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	62	44.3	35.2	37.7
Completely bedfast residents.	0	0.0	1.5	3.4
Residents confined to chairs.	56	40.0	48.3	50.8
Residents requiring restraints.	61	43.6	40.5	41.3
Confused or disoriented residents.	77	55.0	57.1	58.4
Residents with bed sores.	8	5.7	6.4	7.1
Residents receiving special skin care.	2	1.4	28.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	8	3.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.9	518	5.5
Each resident is free from mental and physical abuse.	MET	4	1.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	4.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	102	40.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.4	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	3	1.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.8	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	10	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	168	66.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	120	47.2	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	49	19.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	61	24.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	39	15.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	29	11.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	80	31.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	56	22.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	105	41.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	36	14.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	5	2.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	13.8	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	50	19.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	15.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	24	9.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	3.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	129	50.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	140	55.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	182	71.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	72	28.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	184	72.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE OLYMPIA MANOR

Street Address: 1811 E 22ND AVE		City and State: OLYMPIA WA 98501	
Participation: MEDICAID ICF	# of Beds: 28	Type of Ownership: PROPRIETARY	Survey Date: 04/16/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 28	Medicare Residents: 0	Medicaid Residents: 15
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	24	85.7	60.0	78.3
Dressing				
Residents requiring some or total assistance in dressing.	24	85.7	50.0	76.7
Toileting				
Residents requiring some or total assistance in toileting.	20	71.4	33.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	23	82.1	39.2	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	20	71.4	34.5	59.1
Residents on individually written bowel and bladder retraining program.	1	3.6	9.9	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	6	21.4	9.0	29.3
Completely bedfast residents.	5	17.9	0.6	3.6
Residents confined to chairs.	12	42.9	8.2	39.1
Residents requiring restraints.	15	53.6	9.6	31.7
Confused or disoriented residents.	17	60.7	53.0	55.8
Residents with bed sores.	0	0.0	2.3	4.7
Residents receiving special skin care.	28	100	19.7	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	1	3.4	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	2	6.9	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	3.4	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	3.4	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	0	0.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	8	27.6	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	0	0.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	1	3.4	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	4	13.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	0	0.0	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	0	0.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	3	10.3	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	2	6.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	14	48.3	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	3	10.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	3.4	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	4	13.8	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	6	20.7	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	2	6.9	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	4	13.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	2	6.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	10.3	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	20	69.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE PUGET SOUND HEALTH CARE CENTER

Street Address:		City and State:	
4001 CAPITOL MALL DRIVE SW		OLYMPIA WA 98502	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	100	PROPRIETARY	06/29/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
97	1	61

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	70	72.2	80.1	81.5
Dressing				
Residents requiring some or total assistance in dressing.	79	81.4	82.6	83.2
Toileting				
Residents requiring some or total assistance in toileting.	70	72.2	73.3	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	67	69.1	89.5	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	73	75.3	67.8	68.2
Residents on individually written bowel and bladder retraining program.	3	3.1	5.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	26	26.8	35.2	37.7
Completely bedfast residents.	5	5.2	1.5	3.4
Residents confined to chairs.	35	36.1	48.3	50.8
Residents requiring restraints.	45	46.4	40.5	41.3
Confused or disoriented residents.	60	61.9	57.1	58.4
Residents with bed sores.	4	4.1	6.4	7.1
Residents receiving special skin care.	19	19.6	28.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	8	3.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.9	518	5.5
Each resident is free from mental and physical abuse.	MET	4	1.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	4.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	102	40.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.4	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	3	1.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.8	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	10	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	168	66.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	120	47.2	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	49	19.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	61	24.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	39	15.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	29	11.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	80	31.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	56	22.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	105	41.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	36	14.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	5	2.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	13.8	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	50	19.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	15.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	24	9.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	3.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	129	50.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	140	55.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	182	71.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	72	28.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	184	72.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE OTHELLO CONVALESCENT CENTER

Street Address:		City and State:	
495 N THIRTEENTH ST		OTHELLO WA 99344	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	62	PROPRIETARY	05/14/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
57	0	39		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	42	73.7	80.1	81.5
Dressing				
Residents requiring some or total assistance in dressing.	39	68.4	82.6	83.2
Toileting				
Residents requiring some or total assistance in toileting.	32	56.1	73.3	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	57	100	89.5	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	29	50.9	67.8	68.2
Residents on individually written bowel and bladder retraining program.	2	3.5	5.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	20	35.1	35.2	37.7
Completely bedfast residents.	1	1.8	1.5	3.4
Residents confined to chairs.	29	50.9	48.3	50.8
Residents requiring restraints.	17	29.8	40.5	41.3
Confused or disoriented residents.	19	33.3	57.1	58.4
Residents with bed sores.	5	8.8	6.4	7.1
Residents receiving special skin care.	9	15.8	28.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	8	3.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.9	518	5.5
Each resident is free from mental and physical abuse.	MET	4	1.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	4.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	102	40.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.4	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	3	1.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.8	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	10	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	168	66.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	120	47.2	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	49	19.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	61	24.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	39	15.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	29	11.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	80	31.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	56	22.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	105	41.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	36	14.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	5	2.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	35	13.8	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	50	19.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	15.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	24	9.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	3.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	129	50.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	140	55.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	182	71.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	72	28.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	184	72.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE HILLCREST CONVALESCENT CENTER

Street Address:		City and State:	
2004 NORTH 22ND STREET		PASCO WA 99301	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	125	PROPRIETARY	07/01/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
125	0	85		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	105	84.0	80.1	81.5
Dressing				
Residents requiring some or total assistance in dressing.	111	88.8	82.6	83.2
Toileting				
Residents requiring some or total assistance in toileting.	100	80.0	73.3	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	105	84.0	89.5	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	95	76.0	67.8	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	5.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	59	47.2	35.2	37.7
Completely bedfast residents.	0	0.0	1.5	3.4
Residents confined to chairs.	71	56.8	48.3	50.8
Residents requiring restraints.	72	57.6	40.5	41.3
Confused or disoriented residents.	85	68.0	57.1	58.4
Residents with bed sores.	13	10.4	6.4	7.1
Residents receiving special skin care.	32	25.6	28.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	8	3.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.9	518	5.5
Each resident is free from mental and physical abuse.	MET	4	1.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	4.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	102	40.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.4	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	3	1.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.8	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	10	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	168	66.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	120	47.2	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	49	19.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	61	24.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	39	15.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	29	11.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	80	31.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	56	22.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	105	41.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	36	14.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	5	2.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	35	13.8	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	50	19.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	40	15.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	24	9.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	3.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	129	50.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	140	55.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	182	71.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	72	28.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	184	72.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE GARFIELD CO. MEM. HOSP. LTC

Street Address:		City and State:	
N 66 SIXTH ST (P O BOX 880)		POMEROY WA 99347	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID SNF/ICF	40	LOCAL GOVERNMENT	02/24/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
35	0	14

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	31	88.6	80.1	81.5
Dressing				
Residents requiring some or total assistance in dressing.	31	88.6	82.6	83.2
Toileting				
Residents requiring some or total assistance in toileting.	26	74.3	73.3	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	25	71.4	89.5	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	26	74.3	67.8	68.2
Residents on individually written bowel and bladder retraining program.	1	2.9	5.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	10	28.6	35.2	37.7
Completely bedfast residents.	0	0.0	1.5	3.4
Residents confined to chairs.	19	54.3	48.3	50.8
Residents requiring restraints.	6	17.1	40.5	41.3
Confused or disoriented residents.	0	0.0	57.1	58.4
Residents with bed sores.	3	8.6	6.4	7.1
Residents receiving special skin care.	11	31.4	28.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	8	3.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.9	518	5.5
Each resident is free from mental and physical abuse.	MET	4	1.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	4.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	102	40.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.4	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	3	1.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.8	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	10	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	168	66.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	120	47.2	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	49	19.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	61	24.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	39	15.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	29	11.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	80	31.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	56	22.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	105	41.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	36	14.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	5	2.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	13.8	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	50	19.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	15.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	24	9.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	3.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	129	50.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	140	55.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	182	71.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	72	28.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	184	72.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE CRESTWOOD CONVALESCENT CENTER

Street Address:		City and State:	
1116 E LAURIDSEN BLVD		PORT ANGELES WA 98362	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	103	PROPRIETARY	04/03/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
102	6	67		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	44	43.1	80.1	81.5
Dressing				
Residents requiring some or total assistance in dressing.	82	80.4	82.6	83.2
Toileting				
Residents requiring some or total assistance in toileting.	74	72.5	73.3	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	85	83.3	89.5	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	62	60.8	67.8	68.2
Residents on individually written bowel and bladder retraining program.	2	2.0	5.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	44	43.1	35.2	37.7
Completely bedfast residents.	1	1.0	1.5	3.4
Residents confined to chairs.	31	30.4	48.3	50.8
Residents requiring restraints.	49	48.0	40.5	41.3
Confused or disoriented residents.	66	64.7	57.1	58.4
Residents with bed sores.	8	7.8	6.4	7.1
Residents receiving special skin care.	5	4.9	28.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	8	3.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.9	518	5.5
Each resident is free from mental and physical abuse.	MET	4	1.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	4.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	102	40.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.4	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	3	1.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.8	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	10	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	168	66.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	120	47.2	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	49	19.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	61	24.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	39	15.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	29	11.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	80	31.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	56	22.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	105	41.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	36	14.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	5	2.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	13.8	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	50	19.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	15.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	24	9.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	3.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	129	50.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	140	55.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	182	71.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	72	28.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	184	72.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE PORT ANGELES CARE CENTER

Street Address:		City and State:	
825 EAST FIFTH		PORT ANGELES WA 98362	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	115	PROPRIETARY	12/11/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
79	0	59

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	63	79.7	80.1	81.5
Dressing				
Residents requiring some or total assistance in dressing.	69	87.3	82.6	83.2
Toileting				
Residents requiring some or total assistance in toileting.	65	82.3	73.3	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	64	81.0	89.5	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	67	84.8	67.8	68.2
Residents on individually written bowel and bladder retraining program.	1	1.3	5.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	30	38.0	35.2	37.7
Completely bedfast residents.	3	3.8	1.5	3.4
Residents confined to chairs.	43	54.4	48.3	50.8
Residents requiring restraints.	27	34.2	40.5	41.3
Confused or disoriented residents.	56	70.9	57.1	58.4
Residents with bed sores.	5	6.3	6.4	7.1
Residents receiving special skin care.	8	10.1	28.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	8	3.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.9	518	5.5
Each resident is free from mental and physical abuse.	MET	4	1.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	4.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	102	40.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.4	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	3	1.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	NOT MET	2	0.8	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	10	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	168	66.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	120	47.2	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	49	19.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	61	24.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	39	15.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	29	11.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	80	31.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	56	22.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	105	41.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	36	14.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	5	2.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	35	13.8	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	50	19.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	15.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	24	9.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	3.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	129	50.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	140	55.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	182	71.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	72	28.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	184	72.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE LONG LAKE MANOR

Street Address:		City and State:	
7242 LONG LAKE RD SE		PORT ORCHARD WA 98366	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID SNF/ICF	46	PROPRIETARY	05/22/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
44	0	40

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	44	100	80.1	81.5
Dressing				
Residents requiring some or total assistance in dressing.	33	75.0	82.6	83.2
Toileting				
Residents requiring some or total assistance in toileting.	36	81.8	73.3	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	32	72.7	89.5	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	36	81.8	67.8	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	5.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	17	38.6	35.2	37.7
Completely bedfast residents.	0	0.0	1.5	3.4
Residents confined to chairs.	16	36.4	48.3	50.8
Residents requiring restraints.	21	47.7	40.5	41.3
Confused or disoriented residents.	42	95.5	57.1	58.4
Residents with bed sores.	5	11.4	6.4	7.1
Residents receiving special skin care.	7	15.9	28.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	8	3.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	10	3.9	518	5.5
Each resident is free from mental and physical abuse.	MET	4	1.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	4.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	102	40.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.4	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	3	1.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.8	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	10	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	168	66.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	120	47.2	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	49	19.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	61	24.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	39	15.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	29	11.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	80	31.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	56	22.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	105	41.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	36	14.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	5	2.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	13.8	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	50	19.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	15.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	24	9.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	3.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	129	50.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	140	55.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	182	71.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	72	28.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	184	72.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE PORT ORCHARD CONVALESCENT CENTER

Street Address:		City and State:	
2031 POTTERY AVE		PORT ORCHARD WA 98366	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	92	PROPRIETARY	03/16/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
82	0	57

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	71	86.6	80.1	81.5
Dressing				
Residents requiring some or total assistance in dressing.	72	87.8	82.6	83.2
Toileting				
Residents requiring some or total assistance in toileting.	67	81.7	73.3	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	67	81.7	89.5	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	67	81.7	67.8	68.2
Residents on individually written bowel and bladder retraining program.	2	2.4	5.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	30	36.6	35.2	37.7
Completely bedfast residents.	0	0.0	1.5	3.4
Residents confined to chairs.	55	67.1	48.3	50.8
Residents requiring restraints.	41	50.0	40.5	41.3
Confused or disoriented residents.	61	74.4	57.1	58.4
Residents with bed sores.	10	12.2	6.4	7.1
Residents receiving special skin care.	22	26.8	28.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	8	3.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.9	518	5.5
Each resident is free from mental and physical abuse.	MET	4	1.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	4.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	102	40.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.4	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	3	1.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.8	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	10	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	168	66.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	120	47.2	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	49	19.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	61	24.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	39	15.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	29	11.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	80	31.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	56	22.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	105	41.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	36	14.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	5	2.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	13.8	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	50	19.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	40	15.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	24	9.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	3.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	129	50.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	140	55.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	182	71.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	72	28.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	184	72.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE RIDGEMONT TERRACE

Street Address:		City and State:	
2051 POTTERY AVENUE		PORT ORCHARD WA 98366	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	119	PROPRIETARY	03/09/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:	
54	0	38	

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	51	94.4	80.1	81.5
Dressing				
Residents requiring some or total assistance in dressing.	49	90.7	82.6	83.2
Toileting				
Residents requiring some or total assistance in toileting.	46	85.2	73.3	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	54	100	89.5	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	45	83.3	67.8	68.2
Residents on individually written bowel and bladder retraining program.	2	3.7	5.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	31	57.4	35.2	37.7
Completely bedfast residents.	2	3.7	1.5	3.4
Residents confined to chairs.	20	37.0	48.3	50.8
Residents requiring restraints.	32	59.3	40.5	41.3
Confused or disoriented residents.	30	55.6	57.1	58.4
Residents with bed sores.	2	3.7	6.4	7.1
Residents receiving special skin care.	18	33.3	28.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	8	3.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.9	518	5.5
Each resident is free from mental and physical abuse.	MET	4	1.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	4.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	102	40.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.4	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	3	1.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.8	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	10	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	168	66.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	120	47.2	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	49	19.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	61	24.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	39	15.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	29	11.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	80	31.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	56	22.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	105	41.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	36	14.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	5	2.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	13.8	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	50	19.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	15.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	24	9.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	3.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	129	50.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	140	55.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	182	71.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	72	28.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	184	72.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE KAH TAI CARE CENTER

Street Address:		City and State:	
751 KEARNEY ST		PORT TOWNSEND WA 98368	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	94	PROPRIETARY	10/15/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
70	0	47		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	59	84.3	80.1	81.5
Dressing				
Residents requiring some or total assistance in dressing.	65	92.9	82.6	83.2
Toileting				
Residents requiring some or total assistance in toileting.	63	90.0	73.3	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	57	81.4	89.5	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	62	88.6	67.8	68.2
Residents on individually written bowel and bladder retraining program.	2	2.9	5.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	23	32.9	35.2	37.7
Completely bedfast residents.	1	1.4	1.5	3.4
Residents confined to chairs.	58	82.9	48.3	50.8
Residents requiring restraints.	30	42.9	40.5	41.3
Confused or disoriented residents.	49	70.0	57.1	58.4
Residents with bed sores.	6	8.6	6.4	7.1
Residents receiving special skin care.	28	40.0	28.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	8	3.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.9	518	5.5
Each resident is free from mental and physical abuse.	MET	4	1.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	4.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	102	40.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.4	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	3	1.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.8	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	10	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	168	66.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	120	47.2	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	49	19.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	61	24.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	39	15.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	29	11.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	80	31.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	56	22.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	105	41.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	36	14.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	5	2.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	13.8	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	50	19.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	15.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	24	9.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	3.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	129	50.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	140	55.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	182	71.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	72	28.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	184	72.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE MARTHA & MARY NURSING HOME

Street Address:		City and State:	
19160 FRONT STREET NE		POULSBO WA 98370	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID SNF/ICF	190	NON-PROFIT RELIGIOUS	01/11/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
188	0	119		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	152	80.9	80.1	81.5
Dressing				
Residents requiring some or total assistance in dressing.	143	76.1	82.6	83.2
Toileting				
Residents requiring some or total assistance in toileting.	139	73.9	73.3	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	188	100	89.5	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	117	62.2	67.8	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	5.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	48	25.5	35.2	37.7
Completely bedfast residents.	0	0.0	1.5	3.4
Residents confined to chairs.	100	53.2	48.3	50.8
Residents requiring restraints.	84	44.7	40.5	41.3
Confused or disoriented residents.	122	64.9	57.1	58.4
Residents with bed sores.	7	3.7	6.4	7.1
Residents receiving special skin care.	40	21.3	28.0	31.2

SELECTED PERFORMANCE INDICATORS

“Facility” column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. “State” and “Nation” columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. “Met” means that the facility is in compliance with the specific requirement. “Not Met” means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	8	3.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.9	518	5.5
Each resident is free from mental and physical abuse.	MET	4	1.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	4.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	102	40.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.4	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	3	1.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.8	49	0.5
Nursing services are provided at all times to meet the needs of residents.	NOT MET	10	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	168	66.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	120	47.2	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	49	19.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	61	24.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	39	15.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	29	11.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	80	31.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	56	22.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	105	41.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	36	14.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	5	2.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	13.8	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	50	19.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	40	15.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	24	9.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	3.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	129	50.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	140	55.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	182	71.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	72	28.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	184	72.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE PROSSER MEMORIAL HOSPITAL

Street Address:		City and State:	
723 MEMORIAL ST		PROSSER WA 99350	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	26	LOCAL GOVERNMENT	01/26/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:	
26	0	18	

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	21	80.8	80.1	81.5
Dressing				
Residents requiring some or total assistance in dressing.	23	88.5	82.6	83.2
Toileting				
Residents requiring some or total assistance in toileting.	20	76.9	73.3	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	19	73.1	89.5	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	16	61.5	67.8	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	5.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	6	23.1	35.2	37.7
Completely bedfast residents.	1	3.8	1.5	3.4
Residents confined to chairs.	7	26.9	48.3	50.8
Residents requiring restraints.	14	53.8	40.5	41.3
Confused or disoriented residents.	8	30.8	57.1	58.4
Residents with bed sores.	1	3.8	6.4	7.1
Residents receiving special skin care.	1	3.8	28.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	8	3.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.9	518	5.5
Each resident is free from mental and physical abuse.	MET	4	1.6	168	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	4.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	102	40.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.4	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	3	1.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.8	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	10	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	168	66.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	120	47.2	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	49	19.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	61	24.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	39	15.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	29	11.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	80	31.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	56	22.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	105	41.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	36	14.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	5	2.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	13.8	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	50	19.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	15.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	24	9.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	3.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	129	50.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	140	55.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	182	71.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	72	28.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	184	72.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE PALOUSE HILLS NURSING CENTER

Street Address:		City and State:	
NW 1310 DEANE		PULLMAN WA 99163	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	74	PROPRIETARY	01/22/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:	
46	0	32	

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	27	58.7	80.1	81.5
Dressing				
Residents requiring some or total assistance in dressing.	34	73.9	82.6	83.2
Toileting				
Residents requiring some or total assistance in toileting.	33	71.7	73.3	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	33	71.7	89.5	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	10	21.7	67.8	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	5.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	9	19.6	35.2	37.7
Completely bedfast residents.	1	2.2	1.5	3.4
Residents confined to chairs.	27	58.7	48.3	50.8
Residents requiring restraints.	14	30.4	40.5	41.3
Confused or disoriented residents.	27	58.7	57.1	58.4
Residents with bed sores.	2	4.3	6.4	7.1
Residents receiving special skin care.	0	0.0	28.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	8	3.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.9	518	5.5
Each resident is free from mental and physical abuse.	MET	4	1.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	4.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	102	40.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.4	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	3	1.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.8	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	10	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	168	66.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	120	47.2	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	49	19.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	61	24.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	39	15.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	29	11.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	80	31.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	56	22.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	105	41.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	36	14.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	5	2.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	13.8	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	50	19.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	15.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	24	9.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	3.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	129	50.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	140	55.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	182	71.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	72	28.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	184	72.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE RAINIER VISTA CARE CENTER

Street Address:		City and State:	
920 - 12TH AVENUE SE		PUYALLUP WA 98372	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	100	PROPRIETARY	10/21/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:	
99	1	51	

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	39	39.4	80.1	81.5
Dressing				
Residents requiring some or total assistance in dressing.	89	89.9	82.6	83.2
Toileting				
Residents requiring some or total assistance in toileting.	79	79.8	73.3	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	79	79.8	89.5	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	89	89.9	67.8	68.2
Residents on individually written bowel and bladder retraining program.	4	4.0	5.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	29	29.3	35.2	37.7
Completely bedfast residents.	1	1.0	1.5	3.4
Residents confined to chairs.	35	35.4	48.3	50.8
Residents requiring restraints.	35	35.4	40.5	41.3
Confused or disoriented residents.	43	43.4	57.1	58.4
Residents with bed sores.	3	3.0	6.4	7.1
Residents receiving special skin care.	41	41.4	28.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	8	3.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.9	518	5.5
Each resident is free from mental and physical abuse.	MET	4	1.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	4.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	102	40.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.4	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	3	1.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.8	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	10	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	168	66.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	120	47.2	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	49	19.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	61	24.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	39	15.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	29	11.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	80	31.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	56	22.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	105	41.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	36	14.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	5	2.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	13.8	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	50	19.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	15.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	24	9.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	3.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	129	50.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	140	55.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	182	71.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	72	28.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	184	72.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE RIVERWOOD CARE CENTER

Street Address:		City and State:	
114 FOURTH AVE NW		PUYALLUP WA 98371	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID SNF/ICF	80	NON-PROFIT OTHER	09/29/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
79	0	52		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	61	77.2	80.1	81.5
Dressing				
Residents requiring some or total assistance in dressing.	60	75.9	82.6	83.2
Toileting				
Residents requiring some or total assistance in toileting.	54	68.4	73.3	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	53	67.1	89.5	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	49	62.0	67.8	68.2
Residents on individually written bowel and bladder retraining program.	4	5.1	5.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	16	20.3	35.2	37.7
Completely bedfast residents.	1	1.3	1.5	3.4
Residents confined to chairs.	28	35.4	48.3	50.8
Residents requiring restraints.	25	31.6	40.5	41.3
Confused or disoriented residents.	35	44.3	57.1	58.4
Residents with bed sores.	3	3.8	6.4	7.1
Residents receiving special skin care.	20	25.3	28.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	8	3.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	10	3.9	518	5.5
Each resident is free from mental and physical abuse.	MET	4	1.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	4.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	102	40.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.4	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	3	1.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	NOT MET	2	0.8	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	10	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	168	66.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	120	47.2	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	49	19.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	61	24.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	39	15.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	29	11.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	80	31.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	56	22.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	105	41.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	36	14.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	5	2.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	35	13.8	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	50	19.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	15.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	24	9.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	3.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	129	50.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	140	55.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	182	71.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	72	28.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	184	72.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE VALLEY TERRACE NURSING CENTER

Street Address:		City and State:	
511 TENTH AVE SE		PUYALLUP WA 98371	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID SNF/ICF	202	PROPRIETARY	08/24/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
187	0	139		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	178	95.2	80.1	81.5
Dressing				
Residents requiring some or total assistance in dressing.	168	89.8	82.6	83.2
Toileting				
Residents requiring some or total assistance in toileting.	146	78.1	73.3	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	187	100	89.5	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	125	66.8	67.8	68.2
Residents on individually written bowel and bladder retraining program.	5	2.7	5.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	30	16.0	35.2	37.7
Completely bedfast residents.	0	0.0	1.5	3.4
Residents confined to chairs.	76	40.6	48.3	50.8
Residents requiring restraints.	70	37.4	40.5	41.3
Confused or disoriented residents.	101	54.0	57.1	58.4
Residents with bed sores.	16	8.6	6.4	7.1
Residents receiving special skin care.	25	13.4	28.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	8	3.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.9	518	5.5
Each resident is free from mental and physical abuse.	MET	4	1.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	4.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	102	40.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.4	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	3	1.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.8	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	10	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	168	66.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	120	47.2	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	49	19.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	61	24.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	39	15.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	29	11.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	80	31.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	56	22.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	105	41.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	36	14.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	5	2.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	13.8	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	50	19.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	15.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	24	9.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	3.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	129	50.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	140	55.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	182	71.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	72	28.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	184	72.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE WILDWOOD HEALTH CARE CENTER

Street Address: 909 S MERIDAN		City and State: PUYALLUP WA 98371	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 138	Type of Ownership: PROPRIETARY	Survey Date: 12/02/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 111	Medicare Residents: 3	Medicaid Residents: 95		
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	107	96.4	80.1	81.5
Dressing				
Residents requiring some or total assistance in dressing.	102	91.9	82.6	83.2
Toileting				
Residents requiring some or total assistance in toileting.	75	67.6	73.3	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	105	94.6	89.5	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	69	62.2	67.8	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	5.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	27	24.3	35.2	37.7
Completely bedfast residents.	2	1.8	1.5	3.4
Residents confined to chairs.	81	73.0	48.3	50.8
Residents requiring restraints.	43	38.7	40.5	41.3
Confused or disoriented residents.	73	65.8	57.1	58.4
Residents with bed sores.	10	9.0	6.4	7.1
Residents receiving special skin care.	33	29.7	28.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	8	3.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.9	518	5.5
Each resident is free from mental and physical abuse.	MET	4	1.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	4.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	102	40.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.4	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	3	1.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.8	49	0.5
Nursing services are provided at all times to meet the needs of residents.	NOT MET	10	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	168	66.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	120	47.2	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	49	19.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	61	24.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	39	15.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	29	11.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	80	31.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	56	22.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	105	41.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	36	14.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	5	2.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	13.8	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	50	19.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	40	15.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	24	9.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	3.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	129	50.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	140	55.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	182	71.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	72	28.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	184	72.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE WILLAPA HARBOR CARE CENTER

Street Address: 1100 JACKSON ST (P O BOX 432)		City and State: RAYMOND WA 98577	
Participation: MEDICAID SNF/ICF	# of Beds: 80	Type of Ownership: NON-PROFIT OTHER	Survey Date: 02/05/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 71	Medicare Residents: 0	Medicaid Residents: 60
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	7	9.9	80.1	81.5
Dressing Residents requiring some or total assistance in dressing.	57	80.3	82.6	83.2
Toileting Residents requiring some or total assistance in toileting.	29	40.8	73.3	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	56	78.9	89.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	48	67.6	67.8	68.2
 Residents on individually written bowel and bladder retraining program.	4	5.6	5.6	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	26	36.6	35.2	37.7
 Completely bedfast residents.	0	0.0	1.5	3.4
 Residents confined to chairs.	51	71.8	48.3	50.8
 Residents requiring restraints.	36	50.7	40.5	41.3
 Confused or disoriented residents.	42	59.2	57.1	58.4
 Residents with bed sores.	8	11.3	6.4	7.1
 Residents receiving special skin care.	9	12.7	28.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	8	3.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.9	518	5.5
Each resident is free from mental and physical abuse.	MET	4	1.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	4.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	102	40.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.4	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	3	1.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.8	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	10	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	168	66.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	120	47.2	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	49	19.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	61	24.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	39	15.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	29	11.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	80	31.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	56	22.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	105	41.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	36	14.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	5	2.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	13.8	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	50	19.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	15.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	24	9.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	3.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	129	50.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	140	55.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	182	71.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	72	28.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	184	72.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE CASCADE VISTA CONVALESCENT CENTER

Street Address: 7900 REDMOND-KIRKLAND HIGHWAY		City and State: REDMOND WA 98052	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 139	Type of Ownership: PROPRIETARY	Survey Date: 09/16/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 135	Medicare Residents: 0	Medicaid Residents: 31
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	124	91.9	80.1	81.5
Dressing				
Residents requiring some or total assistance in dressing.	123	91.1	82.6	83.2
Toileting				
Residents requiring some or total assistance in toileting.	101	74.8	73.3	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	135	100	89.5	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	99	73.3	67.8	68.2
Residents on individually written bowel and bladder retraining program.	10	7.4	5.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	71	52.6	35.2	37.7
Completely bedfast residents.	20	14.8	1.5	3.4
Residents confined to chairs.	63	46.7	48.3	50.8
Residents requiring restraints.	23	17.0	40.5	41.3
Confused or disoriented residents.	79	58.5	57.1	58.4
Residents with bed sores.	1	0.7	6.4	7.1
Residents receiving special skin care.	18	13.3	28.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	8	3.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.9	518	5.5
Each resident is free from mental and physical abuse.	MET	4	1.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	4.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	102	40.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.4	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	3	1.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.8	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	10	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	168	66.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	120	47.2	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	49	19.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	61	24.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	39	15.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	29	11.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	80	31.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	56	22.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	105	41.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	36	14.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	5	2.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	13.8	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	50	19.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	15.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	24	9.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	3.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	129	50.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	140	55.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	182	71.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	72	28.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	184	72.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE PINEVILLA GUEST HOME

Street Address:		City and State:	
8705 166TH AVE NE		REDMOND WA 98052	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID ICF	28	NON-PROFIT PRIVATE	12/31/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:	
22	0	4	

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	12	54.5	60.0	78.3
Dressing				
Residents requiring some or total assistance in dressing.	16	72.7	50.0	76.7
Toileting				
Residents requiring some or total assistance in toileting.	10	45.5	33.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	10	45.5	39.2	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	10	45.5	34.5	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	9.9	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	0	0.0	9.0	29.3
Completely bedfast residents.	0	0.0	0.6	3.6
Residents confined to chairs.	0	0.0	8.2	39.1
Residents requiring restraints.	0	0.0	9.6	31.7
Confused or disoriented residents.	14	63.6	53.0	55.8
Residents with bed sores.	0	0.0	2.3	4.7
Residents receiving special skin care.	0	0.0	19.7	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	1	3.4	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	2	6.9	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	3.4	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	3.4	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	0	0.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	8	27.6	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	0	0.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	1	3.4	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	4	13.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	0	0.0	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	0	0.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	3	10.3	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	2	6.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	14	48.3	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	3	10.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	3.4	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	4	13.8	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	6	20.7	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	2	6.9	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	4	13.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	2	6.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	10.3	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	20	69.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE HIGHLANDS CONVALESCENT CENTER

Street Address: 1110 EDMONDS AVE NE		City and State: RENTON WA 98056	
Participation: MEDICAID SNF/ICF	# of Beds: 100	Type of Ownership: PROPRIETARY	Survey Date: 04/18/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 92	Medicare Residents: 0	Medicaid Residents: 33	
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	67	72.8	80.1	81.5
Dressing				
Residents requiring some or total assistance in dressing.	74	80.4	82.6	83.2
Toileting				
Residents requiring some or total assistance in toileting.	68	73.9	73.3	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	92	100	89.5	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	61	66.3	67.8	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	5.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	34	37.0	35.2	37.7
Completely bedfast residents.	1	1.1	1.5	3.4
Residents confined to chairs.	44	47.8	48.3	50.8
Residents requiring restraints.	48	52.2	40.5	41.3
Confused or disoriented residents.	56	60.9	57.1	58.4
Residents with bed sores.	6	6.5	6.4	7.1
Residents receiving special skin care.	18	19.6	28.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	8	3.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.9	518	5.5
Each resident is free from mental and physical abuse.	MET	4	1.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	4.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	102	40.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.4	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	3	1.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.8	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	10	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	168	66.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	120	47.2	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	49	19.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	61	24.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	39	15.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	29	11.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	80	31.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	56	22.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	105	41.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	36	14.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	5	2.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	13.8	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	50	19.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	15.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	24	9.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	3.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	129	50.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	140	55.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	182	71.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	72	28.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	184	72.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE RENTON TERRACE NURSING CENTER

Street Address:		City and State:	
80 SW SECOND ST		RENTON WA 98055	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	160	PROPRIETARY	08/12/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
147	1	116		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	84	57.1	80.1	81.5
Dressing				
Residents requiring some or total assistance in dressing.	125	85.0	82.6	83.2
Toileting				
Residents requiring some or total assistance in toileting.	108	73.5	73.3	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	121	82.3	89.5	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	104	70.7	67.8	68.2
Residents on individually written bowel and bladder retraining program.	4	2.7	5.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	52	35.4	35.2	37.7
Completely bedfast residents.	4	2.7	1.5	3.4
Residents confined to chairs.	77	52.4	48.3	50.8
Residents requiring restraints.	55	37.4	40.5	41.3
Confused or disoriented residents.	98	66.7	57.1	58.4
Residents with bed sores.	9	6.1	6.4	7.1
Residents receiving special skin care.	55	37.4	28.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	8	3.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	10	3.9	518	5.5
Each resident is free from mental and physical abuse.	MET	4	1.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	4.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	102	40.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.4	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	3	1.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.8	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	10	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	168	66.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	120	47.2	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	49	19.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	61	24.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	39	15.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	29	11.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	80	31.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	56	22.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	105	41.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	36	14.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	5	2.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	13.8	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	50	19.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	15.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	24	9.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	3.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	129	50.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	140	55.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	182	71.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	72	28.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	184	72.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE VALLEY HEALTH CARE CENTER

Street Address: 4430 TALBOT RD S		City and State: RENTON WA 98055	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 166	Type of Ownership: PROPRIETARY	Survey Date: 06/07/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 159	Medicare Residents: 11	Medicaid Residents: 109		
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	137	86.2	80.1	81.5
Dressing				
Residents requiring some or total assistance in dressing.	133	83.6	82.6	83.2
Toileting				
Residents requiring some or total assistance in toileting.	114	71.7	73.3	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	159	100	89.5	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	95	59.7	67.8	68.2
Residents on individually written bowel and bladder retraining program.	4	2.5	5.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	33	20.8	35.2	37.7
Completely bedfast residents.	1	0.6	1.5	3.4
Residents confined to chairs.	101	63.5	48.3	50.8
Residents requiring restraints.	64	40.3	40.5	41.3
Confused or disoriented residents.	85	53.5	57.1	58.4
Residents with bed sores.	20	12.6	6.4	7.1
Residents receiving special skin care.	82	51.6	28.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	8	3.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.9	518	5.5
Each resident is free from mental and physical abuse.	MET	4	1.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	4.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	102	40.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.4	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	3	1.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.8	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	10	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	168	66.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	120	47.2	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	49	19.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	61	24.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	39	15.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	29	11.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	80	31.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	56	22.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	105	41.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	36	14.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	5	2.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	13.8	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	50	19.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	15.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	24	9.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	3.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	129	50.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	140	55.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	182	71.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	72	28.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	184	72.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE FERRY COUNTY MEMORIAL HOSPITAL

Street Address:		City and State:	
470 KLONDIKE ROAD (P O BOX 365)		REPUBLIC WA 99166	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID SNF/ICF	14	NON-PROFIT PRIVATE	07/08/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
14	0	9

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	11	78.6	80.1	81.5
Dressing				
Residents requiring some or total assistance in dressing.	11	78.6	82.6	83.2
Toileting				
Residents requiring some or total assistance in toileting.	11	78.6	73.3	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	11	78.6	89.5	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	8	57.1	67.8	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	5.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	2	14.3	35.2	37.7
Completely bedfast residents.	0	0.0	1.5	3.4
Residents confined to chairs.	7	50.0	48.3	50.8
Residents requiring restraints.	6	42.9	40.5	41.3
Confused or disoriented residents.	9	64.3	57.1	58.4
Residents with bed sores.	3	21.4	6.4	7.1
Residents receiving special skin care.	5	35.7	28.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	8	3.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.9	518	5.5
Each resident is free from mental and physical abuse.	MET	4	1.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	4.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	102	40.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.4	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	3	1.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.8	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	10	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	168	66.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	120	47.2	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	49	19.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	61	24.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	39	15.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	29	11.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	80	31.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	56	22.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	105	41.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	36	14.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	5	2.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	13.8	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	50	19.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	15.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	24	9.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	3.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	129	50.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	140	55.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	182	71.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	72	28.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	184	72.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE LIFE CARE CENTER OF RICHLAND

Street Address: 44 GOETHALS DRIVE		City and State: RICHLAND WA 99352	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 104	Type of Ownership: PROPRIETARY	Survey Date: 12/02/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 96	Medicare Residents: 1	Medicaid Residents: 60		
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	94	97.9	80.1	81.5
Dressing				
Residents requiring some or total assistance in dressing.	93	96.9	82.6	83.2
Toileting				
Residents requiring some or total assistance in toileting.	78	81.3	73.3	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	83	86.5	89.5	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	70	72.9	67.8	68.2
Residents on individually written bowel and bladder retraining program.	6	6.3	5.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	39	40.6	35.2	37.7
Completely bedfast residents.	0	0.0	1.5	3.4
Residents confined to chairs.	72	75.0	48.3	50.8
Residents requiring restraints.	47	49.0	40.5	41.3
Confused or disoriented residents.	23	24.0	57.1	58.4
Residents with bed sores.	7	7.3	6.4	7.1
Residents receiving special skin care.	12	12.5	28.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	8	3.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.9	518	5.5
Each resident is free from mental and physical abuse.	MET	4	1.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	4.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	102	40.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.4	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	NOT MET	3	1.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.8	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	10	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	168	66.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	120	47.2	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	49	19.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	61	24.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	39	15.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	29	11.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	80	31.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	56	22.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	105	41.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	36	14.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	5	2.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	13.8	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	50	19.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	15.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	24	9.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	3.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	129	50.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	140	55.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	182	71.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	72	28.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	184	72.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE RIDGEFIELD HEALTH CARE FACILITY

Street Address:		City and State:	
104 PIONEER AVE (P O BOX 399)		RIDGEFIELD WA 98642	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID ICF	42	PROPRIETARY	04/21/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
34	0	29

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	15	44.1	60.0	78.3
Dressing				
Residents requiring some or total assistance in dressing.	21	61.8	50.0	76.7
Toileting				
Residents requiring some or total assistance in toileting.	16	47.1	33.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	25	73.5	39.2	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	13	38.2	34.5	59.1
Residents on individually written bowel and bladder retraining program.	1	2.9	9.9	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	4	11.8	9.0	29.3
Completely bedfast residents.	0	0.0	0.6	3.6
Residents confined to chairs.	11	32.4	8.2	39.1
Residents requiring restraints.	9	26.5	9.6	31.7
Confused or disoriented residents.	23	67.6	53.0	55.8
Residents with bed sores.	3	8.8	2.3	4.7
Residents receiving special skin care.	3	8.8	19.7	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	1	3.4	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	2	6.9	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	NOT MET	1	3.4	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	3.4	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	0	0.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	8	27.6	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	0	0.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	1	3.4	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	4	13.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	0	0.0	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	0	0.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	3	10.3	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	2	6.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	14	48.3	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	3	10.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	3.4	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	4	13.8	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	6	20.7	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	2	6.9	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	4	13.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	2	6.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	3	10.3	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	20	69.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE LIFE CARE CENTER OF RITZVILLE

Street Address:		City and State:	
506 SOUTH JACKSON		RITZVILLE WA 99169	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	50	PROPRIETARY	06/29/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
44	0	19		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	29	65.9	80.1	81.5
Dressing				
Residents requiring some or total assistance in dressing.	36	81.8	82.6	83.2
Toileting				
Residents requiring some or total assistance in toileting.	29	65.9	73.3	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	26	59.1	89.5	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	22	50.0	67.8	68.2
Residents on individually written bowel and bladder retraining program.	3	6.8	5.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	15	34.1	35.2	37.7
Completely bedfast residents.	0	0.0	1.5	3.4
Residents confined to chairs.	11	25.0	48.3	50.8
Residents requiring restraints.	21	47.7	40.5	41.3
Confused or disoriented residents.	22	50.0	57.1	58.4
Residents with bed sores.	5	11.4	6.4	7.1
Residents receiving special skin care.	16	36.4	28.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	8	3.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.9	518	5.5
Each resident is free from mental and physical abuse.	MET	4	1.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	4.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	102	40.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.4	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	3	1.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.8	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	10	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	168	66.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	120	47.2	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	49	19.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	61	24.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	39	15.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	29	11.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	80	31.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	56	22.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	105	41.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	36	14.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	5	2.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	13.8	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	50	19.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	40	15.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	24	9.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	3.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	129	50.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	140	55.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	182	71.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	72	28.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	184	72.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE ARDEN NURSING HOME

Street Address:		City and State:	
16357 AURORA AVE N		SEATTLE WA 98133	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE SNF	100	PROPRIETARY	12/18/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:	
88	8	0	

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	86	97.7	80.1	81.5
Dressing				
Residents requiring some or total assistance in dressing.	87	98.9	82.6	83.2
Toileting				
Residents requiring some or total assistance in toileting.	86	97.7	73.3	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	6	6.8	89.5	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	86	97.7	67.8	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	5.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	85	96.6	35.2	37.7
Completely bedfast residents.	0	0.0	1.5	3.4
Residents confined to chairs.	1	1.1	48.3	50.8
Residents requiring restraints.	3	3.4	40.5	41.3
Confused or disoriented residents.	3	3.4	57.1	58.4
Residents with bed sores.	0	0.0	6.4	7.1
Residents receiving special skin care.	1	1.1	28.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	8	3.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.9	518	5.5
Each resident is free from mental and physical abuse.	MET	4	1.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	4.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	102	40.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.4	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	3	1.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.8	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	10	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	168	66.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	120	47.2	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	49	19.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	61	24.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	39	15.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	29	11.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	80	31.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	56	22.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	105	41.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	36	14.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	5	2.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	13.8	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	50	19.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	15.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	24	9.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	3.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	129	50.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	140	55.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	182	71.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	72	28.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	184	72.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE BALLARD CONVALESCENT CENTER

Street Address: 820 NW 95TH ST		City and State: SEATTLE WA 98117	
Participation: MEDICARE SNF	# of Beds: 210	Type of Ownership: PROPRIETARY	Survey Date: 11/17/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 9	Medicare Residents: 9	Medicaid Residents: 0
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	9	100	80.1	81.5
Dressing Residents requiring some or total assistance in dressing.	9	100	82.6	83.2
Toileting Residents requiring some or total assistance in toileting.	9	100	73.3	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	9	100	89.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	3	33.3	67.8	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	5.6	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	0	0.0	35.2	37.7
Completely bedfast residents.	0	0.0	1.5	3.4
Residents confined to chairs.	3	33.3	48.3	50.8
Residents requiring restraints.	0	0.0	40.5	41.3
Confused or disoriented residents.	2	22.2	57.1	58.4
Residents with bed sores.	1	11.1	6.4	7.1
Residents receiving special skin care.	9	100	28.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	8	3.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.9	518	5.5
Each resident is free from mental and physical abuse.	MET	4	1.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	4.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	102	40.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.4	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	3	1.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.8	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	10	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	168	66.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	120	47.2	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	49	19.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	61	24.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	39	15.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	29	11.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	80	31.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	56	22.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	105	41.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	36	14.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	5	2.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	35	13.8	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	50	19.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	15.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	24	9.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	3.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	129	50.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	140	55.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	182	71.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	72	28.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	184	72.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE BAYVIEW MANOR

Street Address:		City and State:	
11 WEST ALOHA ST		SEATTLE WA 98119	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID SNF/ICF	50	NON-PROFIT RELIGIOUS	03/10/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
37	0	6

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	37	100	80.1	81.5
Dressing				
Residents requiring some or total assistance in dressing.	34	91.9	82.6	83.2
Toileting				
Residents requiring some or total assistance in toileting.	37	100	73.3	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	37	100	89.5	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	27	73.0	67.8	68.2
Residents on individually written bowel and bladder retraining program.	2	5.4	5.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	8	21.6	35.2	37.7
Completely bedfast residents.	0	0.0	1.5	3.4
Residents confined to chairs.	11	29.7	48.3	50.8
Residents requiring restraints.	5	13.5	40.5	41.3
Confused or disoriented residents.	27	73.0	57.1	58.4
Residents with bed sores.	2	5.4	6.4	7.1
Residents receiving special skin care.	5	13.5	28.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	8	3.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.9	518	5.5
Each resident is free from mental and physical abuse.	MET	4	1.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	4.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	102	40.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.4	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	3	1.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.8	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	10	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	168	66.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	120	47.2	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	49	19.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	61	24.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	39	15.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	29	11.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	80	31.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	56	22.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	105	41.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	36	14.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	5	2.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	13.8	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	50	19.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	15.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	24	9.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	3.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	129	50.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	140	55.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	182	71.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	72	28.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	184	72.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE BRANCH VILLA HEALTH CARE CENTER

Street Address: 2611 S DEARBORN ST		City and State: SEATTLE WA 98144	
Participation: MEDICAID SNF/ICF	# of Beds: 177	Type of Ownership: PROPRIETARY	Survey Date: 03/25/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 174	Medicare Residents: 0	Medicaid Residents: 136
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	132	75.9	80.1	81.5
Dressing				
Residents requiring some or total assistance in dressing.	123	70.7	82.6	83.2
Toileting				
Residents requiring some or total assistance in toileting.	108	62.1	73.3	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	170	97.7	89.5	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	118	67.8	67.8	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	5.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	29	16.7	35.2	37.7
Completely bedfast residents.	0	0.0	1.5	3.4
Residents confined to chairs.	71	40.8	48.3	50.8
Residents requiring restraints.	53	30.5	40.5	41.3
Confused or disoriented residents.	116	66.7	57.1	58.4
Residents with bed sores.	5	2.9	6.4	7.1
Residents receiving special skin care.	154	88.5	28.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	8	3.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.9	518	5.5
Each resident is free from mental and physical abuse.	MET	4	1.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	4.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	102	40.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.4	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	3	1.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.8	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	10	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	168	66.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	120	47.2	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	49	19.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	61	24.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	39	15.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	29	11.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	80	31.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	56	22.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	105	41.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	36	14.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	5	2.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	13.8	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	50	19.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	15.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	24	9.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	3.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	129	50.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	140	55.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	182	71.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	72	28.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	184	72.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE BURIEN TERRACE NURSING CENTER

Street Address: 1031 SW 130TH ST		City and State: SEATTLE WA 98146	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 140	Type of Ownership: PROPRIETARY	Survey Date: 06/30/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 137	Medicare Residents: 2	Medicaid Residents: 102	
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	136	99.3	80.1	81.5
Dressing				
Residents requiring some or total assistance in dressing.	103	75.2	82.6	83.2
Toileting				
Residents requiring some or total assistance in toileting.	77	56.2	73.3	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	137	100	89.5	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	70	51.1	67.8	68.2
Residents on individually written bowel and bladder retraining program.	4	2.9	5.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	27	19.7	35.2	37.7
Completely bedfast residents.	0	0.0	1.5	3.4
Residents confined to chairs.	89	65.0	48.3	50.8
Residents requiring restraints.	43	31.4	40.5	41.3
Confused or disoriented residents.	76	55.5	57.1	58.4
Residents with bed sores.	6	4.4	6.4	7.1
Residents receiving special skin care.	19	13.9	28.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	8	3.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.9	518	5.5
Each resident is free from mental and physical abuse.	MET	4	1.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	4.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	102	40.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.4	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	3	1.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.8	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	10	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	168	66.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	120	47.2	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	49	19.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	61	24.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	39	15.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	29	11.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	80	31.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	56	22.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	105	41.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	36	14.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	5	2.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	13.8	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	50	19.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	15.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	24	9.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	3.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	129	50.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	140	55.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	182	71.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	72	28.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	184	72.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE CAROLINE KLINE GALLAND HOME

Street Address:		City and State:	
7500 SEWARD PARK AVE S		SEATTLE WA 98118	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID SNF/ICF	145	NON-PROFIT RELIGIOUS	02/11/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
143	0	72

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	116	81.1	80.1	81.5
Dressing				
Residents requiring some or total assistance in dressing.	105	73.4	82.6	83.2
Toileting				
Residents requiring some or total assistance in toileting.	93	65.0	73.3	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	143	100	89.5	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	95	66.4	67.8	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	5.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	49	34.3	35.2	37.7
Completely bedfast residents.	2	1.4	1.5	3.4
Residents confined to chairs.	55	38.5	48.3	50.8
Residents requiring restraints.	29	20.3	40.5	41.3
Confused or disoriented residents.	77	53.8	57.1	58.4
Residents with bed sores.	3	2.1	6.4	7.1
Residents receiving special skin care.	32	22.4	28.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	8	3.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.9	518	5.5
Each resident is free from mental and physical abuse.	MET	4	1.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	4.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	102	40.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.4	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	3	1.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.8	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	10	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	168	66.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	120	47.2	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	49	19.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	61	24.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	39	15.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	29	11.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	80	31.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	56	22.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	105	41.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	36	14.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	5	2.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	13.8	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	50	19.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	15.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	24	9.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	3.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	129	50.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	140	55.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	182	71.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	72	28.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	184	72.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE COLUMBIA LUTHERAN HOME

Street Address: 4700 PHINNEY AVE N		City and State: SEATTLE WA 98103	
Participation: MEDICAID SNF/ICF	# of Beds: 122	Type of Ownership: NON-PROFIT RELIGIOUS	Survey Date: 09/04/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 115	Medicare Residents: 0	Medicaid Residents: 76
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	106	92.2	80.1	81.5
Dressing				
Residents requiring some or total assistance in dressing.	106	92.2	82.6	83.2
Toileting				
Residents requiring some or total assistance in toileting.	99	86.1	73.3	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	98	85.2	89.5	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	103	89.6	67.8	68.2
Residents on individually written bowel and bladder retraining program.	7	6.1	5.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	47	40.9	35.2	37.7
Completely bedfast residents.	1	0.9	1.5	3.4
Residents confined to chairs.	68	59.1	48.3	50.8
Residents requiring restraints.	85	73.9	40.5	41.3
Confused or disoriented residents.	74	64.3	57.1	58.4
Residents with bed sores.	0	0.0	6.4	7.1
Residents receiving special skin care.	25	21.7	28.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	8	3.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.9	518	5.5
Each resident is free from mental and physical abuse.	MET	4	1.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	4.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	102	40.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.4	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	3	1.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.8	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	10	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	168	66.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	120	47.2	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	49	19.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	61	24.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	39	15.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	29	11.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	80	31.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	56	22.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	105	41.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	36	14.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	5	2.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	13.8	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	50	19.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	15.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	24	9.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	3.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	129	50.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	140	55.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	182	71.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	72	28.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	184	72.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE CRISTA SENIOR COMMUNITY

Street Address: 19303 FREMONT AVE N		City and State: SEATTLE WA 98133	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 236	Type of Ownership: NON-PROFIT RELIGIOUS	Survey Date: 11/20/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 230		Medicare Residents: 1		Medicaid Residents: 132	
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		202	87.8	80.1	81.5
Dressing					
Residents requiring some or total assistance in dressing.		202	87.8	82.6	83.2
Toileting					
Residents requiring some or total assistance in toileting.		169	73.5	73.3	73.8
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		230	100	89.5	77.2
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		168	73.0	67.8	68.2
Residents on individually written bowel and bladder retraining program.		6	2.6	5.6	4.6
Eating					
Residents receiving tube feedings or requiring assistance with eating.		108	47.0	35.2	37.7
Completely bedfast residents.		3	1.3	1.5	3.4
Residents confined to chairs.		155	67.4	48.3	50.8
Residents requiring restraints.		106	46.1	40.5	41.3
Confused or disoriented residents.		139	60.4	57.1	58.4
Residents with bed sores.		14	6.1	6.4	7.1
Residents receiving special skin care.		230	100	28.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	8	3.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.9	518	5.5
Each resident is free from mental and physical abuse.	MET	4	1.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	4.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	102	40.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.4	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	3	1.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.8	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	10	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	168	66.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	120	47.2	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	49	19.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	61	24.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	39	15.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	29	11.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	80	31.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	56	22.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	105	41.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	36	14.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	5	2.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	13.8	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	50	19.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	15.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	24	9.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	3.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	129	50.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	140	55.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	182	71.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	72	28.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	184	72.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE FIRST HILL CARE CENTER

Street Address:		City and State:	
1334 TERRY AVE		SEATTLE WA 98101	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	181	PROPRIETARY	12/22/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:	
166	3	133	

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	118	71.1	80.1	81.5
Dressing				
Residents requiring some or total assistance in dressing.	146	88.0	82.6	83.2
Toileting				
Residents requiring some or total assistance in toileting.	120	72.3	73.3	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	166	100	89.5	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	100	60.2	67.8	68.2
Residents on individually written bowel and bladder retraining program.	8	4.8	5.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	36	21.7	35.2	37.7
Completely bedfast residents.	2	1.2	1.5	3.4
Residents confined to chairs.	83	50.0	48.3	50.8
Residents requiring restraints.	63	38.0	40.5	41.3
Confused or disoriented residents.	93	56.0	57.1	58.4
Residents with bed sores.	39	23.5	6.4	7.1
Residents receiving special skin care.	44	26.5	28.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	8	3.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.9	518	5.5
Each resident is free from mental and physical abuse.	MET	4	1.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	4.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	102	40.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.4	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	3	1.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.8	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	10	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	168	66.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	120	47.2	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	49	19.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	61	24.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	39	15.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	29	11.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	80	31.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	56	22.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	105	41.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	36	14.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	5	2.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	13.8	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	50	19.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	15.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	24	9.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	3.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	129	50.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	140	55.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	182	71.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	72	28.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	184	72.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE FOREST GLEN NURSING CENTER

Street Address:		City and State:	
10344 - 14TH AVENUE SOUTH		SEATTLE WA 98168	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	204	NON-PROFIT PRIVATE	04/26/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
148	5	127		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	118	79.7	80.1	81.5
Dressing				
Residents requiring some or total assistance in dressing.	130	87.8	82.6	83.2
Toileting				
Residents requiring some or total assistance in toileting.	105	70.9	73.3	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	148	100	89.5	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	96	64.9	67.8	68.2
Residents on individually written bowel and bladder retraining program.	2	1.4	5.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	53	35.8	35.2	37.7
Completely bedfast residents.	0	0.0	1.5	3.4
Residents confined to chairs.	96	64.9	48.3	50.8
Residents requiring restraints.	44	29.7	40.5	41.3
Confused or disoriented residents.	46	31.1	57.1	58.4
Residents with bed sores.	12	8.1	6.4	7.1
Residents receiving special skin care.	50	33.8	28.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	8	3.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.9	518	5.5
Each resident is free from mental and physical abuse.	MET	4	1.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	4.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	102	40.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.4	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	3	1.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.8	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	10	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	168	66.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	120	47.2	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	49	19.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	61	24.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	39	15.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	29	11.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	80	31.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	56	22.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	105	41.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	36	14.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	5	2.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	35	13.8	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	50	19.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	15.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	24	9.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	3.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	129	50.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	140	55.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	182	71.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	72	28.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	184	72.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE FOSS HOME

Street Address:		City and State:	
13023 GREENWOOD AVE N		SEATTLE WA 98133	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID SNF/ICF	211	NON-PROFIT RELIGIOUS	07/22/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
207	0	73

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	151	72.9	80.1	81.5
Dressing				
Residents requiring some or total assistance in dressing.	178	86.0	82.6	83.2
Toileting				
Residents requiring some or total assistance in toileting.	166	80.2	73.3	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	207	100	89.5	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	163	78.7	67.8	68.2
Residents on individually written bowel and bladder retraining program.	64	30.9	5.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	76	36.7	35.2	37.7
Completely bedfast residents.	0	0.0	1.5	3.4
Residents confined to chairs.	88	42.5	48.3	50.8
Residents requiring restraints.	104	50.2	40.5	41.3
Confused or disoriented residents.	172	83.1	57.1	58.4
Residents with bed sores.	5	2.4	6.4	7.1
Residents receiving special skin care.	69	33.3	28.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	8	3.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.9	518	5.5
Each resident is free from mental and physical abuse.	MET	4	1.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	4.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	102	40.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.4	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	3	1.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.8	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	10	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	168	66.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	120	47.2	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	49	19.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	61	24.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	39	15.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	29	11.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	80	31.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	56	22.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	105	41.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	36	14.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	5	2.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	13.8	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	50	19.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	15.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	24	9.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	3.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	129	50.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	140	55.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	182	71.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	72	28.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	184	72.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE GREENERY REHABILITATION CTR - SEATTLE

Street Address:		City and State:	
555 - 16TH AVE		SEATTLE WA 98122	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	150	PROPRIETARY	10/27/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:	
90	0	62	

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	75	83.3	80.1	81.5
Dressing				
Residents requiring some or total assistance in dressing.	74	82.2	82.6	83.2
Toileting				
Residents requiring some or total assistance in toileting.	68	75.6	73.3	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	54	60.0	89.5	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	67	74.4	67.8	68.2
Residents on individually written bowel and bladder retraining program.	27	30.0	5.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	50	55.6	35.2	37.7
Completely bedfast residents.	1	1.1	1.5	3.4
Residents confined to chairs.	49	54.4	48.3	50.8
Residents requiring restraints.	42	46.7	40.5	41.3
Confused or disoriented residents.	84	93.3	57.1	58.4
Residents with bed sores.	6	6.7	6.4	7.1
Residents receiving special skin care.	22	24.4	28.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	8	3.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.9	518	5.5
Each resident is free from mental and physical abuse.	MET	4	1.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	4.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	102	40.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.4	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	3	1.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.8	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	10	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	168	66.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	120	47.2	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	49	19.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	61	24.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	39	15.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	29	11.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	80	31.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	56	22.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	105	41.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	36	14.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	5	2.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	13.8	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	50	19.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	40	15.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	24	9.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	3.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	129	50.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	140	55.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	182	71.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	72	28.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	184	72.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE GREENWOOD PARK CARE CENTER

Street Address:		City and State:	
13333 GREENWOOD AVE N		SEATTLE WA 98133	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	91	PROPRIETARY	01/21/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
83	0	62		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	83	100	80.1	81.5
Dressing				
Residents requiring some or total assistance in dressing.	74	89.2	82.6	83.2
Toileting				
Residents requiring some or total assistance in toileting.	65	78.3	73.3	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	62	74.7	89.5	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	65	78.3	67.8	68.2
Residents on individually written bowel and bladder retraining program.	3	3.6	5.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	25	30.1	35.2	37.7
Completely bedfast residents.	1	1.2	1.5	3.4
Residents confined to chairs.	30	36.1	48.3	50.8
Residents requiring restraints.	52	62.7	40.5	41.3
Confused or disoriented residents.	51	61.4	57.1	58.4
Residents with bed sores.	14	16.9	6.4	7.1
Residents receiving special skin care.	25	30.1	28.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	8	3.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.9	518	5.5
Each resident is free from mental and physical abuse.	MET	4	1.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	4.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	102	40.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.4	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	3	1.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.8	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	10	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	168	66.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	120	47.2	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	49	19.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	61	24.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	39	15.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	29	11.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	80	31.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	56	22.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	105	41.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	36	14.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	5	2.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	13.8	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	50	19.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	15.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	24	9.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	3.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	129	50.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	140	55.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	182	71.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	72	28.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	184	72.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE HARMONY GARDENS CARE CENTER

Street Address: 10010 DES MOINES WAY S		City and State: SEATTLE WA 98168	
Participation: MEDICAID ICF	# of Beds: 45	Type of Ownership: NON-PROFIT OTHER	Survey Date: 07/02/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 43	Medicare Residents: 0	Medicaid Residents: 23		
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	36	83.7	60.0	78.3
Dressing				
Residents requiring some or total assistance in dressing.	21	48.8	50.0	76.7
Toileting				
Residents requiring some or total assistance in toileting.	12	27.9	33.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	9	20.9	39.2	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	20	46.5	34.5	59.1
Residents on individually written bowel and bladder retraining program.	13	30.2	9.9	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	1	2.3	9.0	29.3
Completely bedfast residents.	0	0.0	0.6	3.6
Residents confined to chairs.	0	0.0	8.2	39.1
Residents requiring restraints.	0	0.0	9.6	31.7
Confused or disoriented residents.	14	32.6	53.0	55.8
Residents with bed sores.	0	0.0	2.3	4.7
Residents receiving special skin care.	2	4.7	19.7	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	1	3.4	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	2	6.9	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	3.4	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	3.4	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	0	0.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	8	27.6	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	0	0.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	1	3.4	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	4	13.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	0	0.0	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	0	0.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	3	10.3	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	2	6.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	14	48.3	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	3	10.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	3.4	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	4	13.8	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	6	20.7	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	2	6.9	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	4	13.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	2	6.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	10.3	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	20	69.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE HEARTHSTONE (THE)

Street Address:		City and State:	
6720E GREEN LAKE WAY N		SEATTLE WA 98103	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	51	NON-PROFIT RELIGIOUS	11/04/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
49	2	9

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	19	38.8	80.1	81.5
Dressing				
Residents requiring some or total assistance in dressing.	39	79.6	82.6	83.2
Toileting				
Residents requiring some or total assistance in toileting.	31	63.3	73.3	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	40	81.6	89.5	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	33	67.3	67.8	68.2
Residents on individually written bowel and bladder retraining program.	1	2.0	5.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	10	20.4	35.2	37.7
Completely bedfast residents.	0	0.0	1.5	3.4
Residents confined to chairs.	23	46.9	48.3	50.8
Residents requiring restraints.	26	53.1	40.5	41.3
Confused or disoriented residents.	32	65.3	57.1	58.4
Residents with bed sores.	0	0.0	6.4	7.1
Residents receiving special skin care.	5	10.2	28.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	8	3.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.9	518	5.5
Each resident is free from mental and physical abuse.	MET	4	1.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	4.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	102	40.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.4	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	3	1.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.8	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	10	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	168	66.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	120	47.2	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	49	19.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	61	24.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	39	15.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	29	11.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	80	31.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	56	22.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	105	41.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	36	14.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	5	2.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	13.8	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	50	19.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	15.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	24	9.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	3.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	129	50.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	140	55.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	182	71.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	72	28.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	184	72.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE HORIZON HOUSE

Street Address: 900 UNIVERSITY ST		City and State: SEATTLE WA 98101	
Participation: MEDICARE SNF/ICF	# of Beds: 56	Type of Ownership: NON-PROFIT RELIGIOUS	Survey Date: 12/11/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 51	Medicare Residents: 1	Medicaid Residents: 0
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	51	100	80.1	81.5
Dressing				
Residents requiring some or total assistance in dressing.	44	86.3	82.6	83.2
Toileting				
Residents requiring some or total assistance in toileting.	41	80.4	73.3	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	51	100	89.5	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	39	76.5	67.8	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	5.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	13	25.5	35.2	37.7
Completely bedfast residents.	0	0.0	1.5	3.4
Residents confined to chairs.	11	21.6	48.3	50.8
Residents requiring restraints.	10	19.6	40.5	41.3
Confused or disoriented residents.	19	37.3	57.1	58.4
Residents with bed sores.	2	3.9	6.4	7.1
Residents receiving special skin care.	7	13.7	28.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	8	3.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.9	518	5.5
Each resident is free from mental and physical abuse.	MET	4	1.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	4.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	102	40.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.4	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	3	1.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.8	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	10	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	168	66.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	120	47.2	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	49	19.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	61	24.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	39	15.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	29	11.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	80	31.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	56	22.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	105	41.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	36	14.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	5	2.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	13.8	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	50	19.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	15.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	24	9.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	3.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	129	50.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	140	55.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	182	71.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	72	28.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	184	72.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE KENNEY PRESBYTERIAN HOME

Street Address:		City and State:	
7125 FAUNTLEROY WAY SW		SEATTLE WA 98116	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID SNF/ICF	53	NON-PROFIT OTHER	12/14/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
44	27	17		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	44	100	80.1	81.5
Dressing				
Residents requiring some or total assistance in dressing.	37	84.1	82.6	83.2
Toileting				
Residents requiring some or total assistance in toileting.	39	88.6	73.3	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	38	86.4	89.5	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	28	63.6	67.8	68.2
Residents on individually written bowel and bladder retraining program.	2	4.5	5.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	9	20.5	35.2	37.7
Completely bedfast residents.	0	0.0	1.5	3.4
Residents confined to chairs.	18	40.9	48.3	50.8
Residents requiring restraints.	21	47.7	40.5	41.3
Confused or disoriented residents.	34	77.3	57.1	58.4
Residents with bed sores.	3	6.8	6.4	7.1
Residents receiving special skin care.	9	20.5	28.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	NOT MET	8	3.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.9	518	5.5
Each resident is free from mental and physical abuse.	MET	4	1.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	4.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	102	40.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.4	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	3	1.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.8	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	10	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	168	66.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	120	47.2	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	49	19.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	61	24.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	39	15.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	29	11.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	80	31.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	56	22.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	105	41.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	36	14.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	5	2.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	13.8	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	50	19.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	40	15.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	24	9.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	3.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	129	50.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	140	55.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	182	71.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	72	28.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	184	72.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE KIN ON NURSING HOME

Street Address:		City and State:	
1700 - 24TH AVENUE SOUTH		SEATTLE WA 98144	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID SNF/ICF	63	NON-PROFIT PRIVATE	08/18/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
3	0	0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	3	100	80.1	81.5
Dressing				
Residents requiring some or total assistance in dressing.	3	100	82.6	83.2
Toileting				
Residents requiring some or total assistance in toileting.	2	66.7	73.3	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	3	100	89.5	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	1	33.3	67.8	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	5.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	0	0.0	35.2	37.7
Completely bedfast residents.	0	0.0	1.5	3.4
Residents confined to chairs.	1	33.3	48.3	50.8
Residents requiring restraints.	0	0.0	40.5	41.3
Confused or disoriented residents.	0	0.0	57.1	58.4
Residents with bed sores.	0	0.0	6.4	7.1
Residents receiving special skin care.	0	0.0	28.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	8	3.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.9	518	5.5
Each resident is free from mental and physical abuse.	MET	4	1.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	4.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	102	40.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.4	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	3	1.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.8	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	10	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	168	66.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	120	47.2	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	49	19.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	61	24.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	39	15.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	29	11.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	80	31.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	56	22.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	105	41.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	36	14.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	5	2.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	13.8	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	50	19.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	15.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	24	9.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	3.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	129	50.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	140	55.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	182	71.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	72	28.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	184	72.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE MAGNOLIA HEALTH CARE

Street Address:		City and State:	
4646 36TH AVE W		SEATTLE WA 98199	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID ICF	34	PROPRIETARY	12/31/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:	
34	0	25	

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	26	76.5	60.0	78.3
Dressing				
Residents requiring some or total assistance in dressing.	18	52.9	50.0	76.7
Toileting				
Residents requiring some or total assistance in toileting.	18	52.9	33.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	22	64.7	39.2	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	20	58.8	34.5	59.1
Residents on individually written bowel and bladder retraining program.	1	2.9	9.9	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	3	8.8	9.0	29.3
Completely bedfast residents.	0	0.0	0.6	3.6
Residents confined to chairs.	2	5.9	8.2	39.1
Residents requiring restraints.	5	14.7	9.6	31.7
Confused or disoriented residents.	30	88.2	53.0	55.8
Residents with bed sores.	10	29.4	2.3	4.7
Residents receiving special skin care.	7	20.6	19.7	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	1	3.4	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	2	6.9	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	3.4	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	3.4	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	0	0.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	8	27.6	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	0	0.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	1	3.4	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	4	13.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	0	0.0	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	0	0.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	3	10.3	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	2	6.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	14	48.3	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	3	10.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	3.4	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	4	13.8	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	6	20.7	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	2	6.9	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	4	13.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	2	6.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	3	10.3	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	20	69.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE MALDEN NURSING HOME

Street Address:		City and State:	
526 MALDEN AVE E (P O BOX 12011)		SEATTLE WA 98112	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID ICF	23	PROPRIETARY	07/16/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
23	0	23		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	14	60.9	60.0	78.3
Dressing				
Residents requiring some or total assistance in dressing.	4	17.4	50.0	76.7
Toileting				
Residents requiring some or total assistance in toileting.	2	8.7	33.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	4	17.4	39.2	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	2	8.7	34.5	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	9.9	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	1	4.3	9.0	29.3
Completely bedfast residents.	0	0.0	0.6	3.6
Residents confined to chairs.	0	0.0	8.2	39.1
Residents requiring restraints.	0	0.0	9.6	31.7
Confused or disoriented residents.	7	30.4	53.0	55.8
Residents with bed sores.	0	0.0	2.3	4.7
Residents receiving special skin care.	5	21.7	19.7	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	1	3.4	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	2	6.9	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	3.4	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	3.4	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	0	0.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	8	27.6	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	0	0.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	1	3.4	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	4	13.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	0	0.0	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	0	0.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	3	10.3	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	2	6.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	14	48.3	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	3	10.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	3.4	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	4	13.8	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	6	20.7	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	2	6.9	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	4	13.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	2	6.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	10.3	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	20	69.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE MODERN CARE WEST SEATTLE

Street Address:		City and State:	
4700 SW ADMIRAL WAY		SEATTLE WA 98116	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID SNF/ICF	106	PROPRIETARY	01/22/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:	
101	0	56	

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	72	71.3	80.1	81.5
Dressing				
Residents requiring some or total assistance in dressing.	89	88.1	82.6	83.2
Toileting				
Residents requiring some or total assistance in toileting.	71	70.3	73.3	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	67	66.3	89.5	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	72	71.3	67.8	68.2
Residents on individually written bowel and bladder retraining program.	2	2.0	5.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	22	21.8	35.2	37.7
Completely bedfast residents.	1	1.0	1.5	3.4
Residents confined to chairs.	45	44.6	48.3	50.8
Residents requiring restraints.	39	38.6	40.5	41.3
Confused or disoriented residents.	54	53.5	57.1	58.4
Residents with bed sores.	14	13.9	6.4	7.1
Residents receiving special skin care.	19	18.8	28.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	8	3.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.9	518	5.5
Each resident is free from mental and physical abuse.	MET	4	1.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	4.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	102	40.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.4	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	3	1.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.8	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	10	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	168	66.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	120	47.2	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	49	19.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	61	24.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	39	15.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	29	11.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	80	31.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	56	22.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	105	41.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	36	14.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	5	2.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	13.8	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	50	19.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	15.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	24	9.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	3.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	129	50.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	140	55.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	182	71.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	72	28.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	184	72.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE MOUNT ST VINCENT NURSING CENTER

Street Address: 4821 35TH AVE SW		City and State: SEATTLE WA 98126	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 252	Type of Ownership: NON-PROFIT RELIGIOUS	Survey Date: 10/30/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 238	Medicare Residents: 0	Medicaid Residents: 106		
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	205	86.1	80.1	81.5
Dressing				
Residents requiring some or total assistance in dressing.	184	77.3	82.6	83.2
Toileting				
Residents requiring some or total assistance in toileting.	178	74.8	73.3	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	232	97.5	89.5	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	154	64.7	67.8	68.2
Residents on individually written bowel and bladder retraining program.	24	10.1	5.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	67	28.2	35.2	37.7
Completely bedfast residents.	4	1.7	1.5	3.4
Residents confined to chairs.	146	61.3	48.3	50.8
Residents requiring restraints.	98	41.2	40.5	41.3
Confused or disoriented residents.	104	43.7	57.1	58.4
Residents with bed sores.	22	9.2	6.4	7.1
Residents receiving special skin care.	44	18.5	28.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	8	3.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.9	518	5.5
Each resident is free from mental and physical abuse.	MET	4	1.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	4.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	102	40.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.4	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	3	1.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.8	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	10	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	168	66.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	120	47.2	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	49	19.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	61	24.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	39	15.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	29	11.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	80	31.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	56	22.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	105	41.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	36	14.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	5	2.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	13.8	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	50	19.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	15.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	24	9.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	3.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	129	50.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	140	55.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	182	71.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	72	28.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	184	72.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE NORSE HOME

Street Address:		City and State:	
5311 PHINNEY AVE N		SEATTLE WA 98103	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID SNF/ICF	51	NON-PROFIT PRIVATE	11/05/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
46	0	15		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	37	80.4	80.1	81.5
Dressing				
Residents requiring some or total assistance in dressing.	40	87.0	82.6	83.2
Toileting				
Residents requiring some or total assistance in toileting.	38	82.6	73.3	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	46	100	89.5	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	40	87.0	67.8	68.2
Residents on individually written bowel and bladder retraining program.	1	2.2	5.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	11	23.9	35.2	37.7
Completely bedfast residents.	1	2.2	1.5	3.4
Residents confined to chairs.	6	13.0	48.3	50.8
Residents requiring restraints.	26	56.5	40.5	41.3
Confused or disoriented residents.	35	76.1	57.1	58.4
Residents with bed sores.	1	2.2	6.4	7.1
Residents receiving special skin care.	10	21.7	28.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	8	3.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.9	518	5.5
Each resident is free from mental and physical abuse.	MET	4	1.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	4.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	102	40.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.4	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	3	1.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.8	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	10	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	168	66.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	120	47.2	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	49	19.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	61	24.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	39	15.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	29	11.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	80	31.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	56	22.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	105	41.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	36	14.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	5	2.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	13.8	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	50	19.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	15.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	24	9.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	3.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	129	50.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	140	55.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	182	71.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	72	28.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	184	72.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE NORTHGATE REHABILITATION CENTER

Street Address: 10509 STONE AVE N		City and State: SEATTLE WA 98133	
Participation: MEDICAID SNF/ICF	# of Beds: 142	Type of Ownership: PROPRIETARY	Survey Date: 08/25/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 138	Medicare Residents: 0	Medicaid Residents: 115	
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	121	87.7	80.1	81.5
Dressing				
Residents requiring some or total assistance in dressing.	108	78.3	82.6	83.2
Toileting				
Residents requiring some or total assistance in toileting.	99	71.7	73.3	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	99	71.7	89.5	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	115	83.3	67.8	68.2
Residents on individually written bowel and bladder retraining program.	3	2.2	5.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	65	47.1	35.2	37.7
Completely bedfast residents.	0	0.0	1.5	3.4
Residents confined to chairs.	87	63.0	48.3	50.8
Residents requiring restraints.	74	53.6	40.5	41.3
Confused or disoriented residents.	81	58.7	57.1	58.4
Residents with bed sores.	17	12.3	6.4	7.1
Residents receiving special skin care.	66	47.8	28.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	8	3.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.9	518	5.5
Each resident is free from mental and physical abuse.	MET	4	1.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	4.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	102	40.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.4	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	3	1.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.8	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	10	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	168	66.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	120	47.2	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	49	19.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	61	24.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	39	15.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	29	11.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	80	31.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	56	22.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	105	41.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	36	14.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	5	2.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	13.8	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	50	19.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	15.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	24	9.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	3.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	129	50.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	140	55.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	182	71.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	72	28.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	184	72.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE NORTHWEST PROGRESSIVE CARE CENTER

Street Address:		City and State:	
1545 N 120TH ST		SEATTLE WA 98133	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	182	NON-PROFIT PRIVATE	04/19/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
166	3	118		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	148	89.2	80.1	81.5
Dressing				
Residents requiring some or total assistance in dressing.	166	100	82.6	83.2
Toileting				
Residents requiring some or total assistance in toileting.	135	81.3	73.3	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	131	78.9	89.5	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	123	74.1	67.8	68.2
Residents on individually written bowel and bladder retraining program.	16	9.6	5.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	34	20.5	35.2	37.7
Completely bedfast residents.	4	2.4	1.5	3.4
Residents confined to chairs.	126	75.9	48.3	50.8
Residents requiring restraints.	99	59.6	40.5	41.3
Confused or disoriented residents.	104	62.7	57.1	58.4
Residents with bed sores.	9	5.4	6.4	7.1
Residents receiving special skin care.	80	48.2	28.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	8	3.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.9	518	5.5
Each resident is free from mental and physical abuse.	MET	4	1.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	4.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	102	40.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.4	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	3	1.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.8	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	10	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	168	66.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	120	47.2	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	49	19.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	61	24.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	39	15.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	29	11.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	80	31.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	56	22.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	105	41.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	36	14.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	5	2.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	13.8	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	50	19.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	15.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	24	9.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	3.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	129	50.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	140	55.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	182	71.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	72	28.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	184	72.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE OLYMPIC CREST CONVALESCENT CENTER

Street Address: 21428 PACIFIC HWY S		City and State: SEATTLE WA 98188	
Participation: MEDICAID SNF/ICF	# of Beds: 110	Type of Ownership: PROPRIETARY	Survey Date: 11/06/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 54	Medicare Residents: 0	Medicaid Residents: 53	
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	43	79.6	80.1	81.5
Dressing				
Residents requiring some or total assistance in dressing.	46	85.2	82.6	83.2
Toileting				
Residents requiring some or total assistance in toileting.	30	55.6	73.3	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	44	81.5	89.5	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	30	55.6	67.8	68.2
Residents on individually written bowel and bladder retraining program.	3	5.6	5.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	13	24.1	35.2	37.7
Completely bedfast residents.	0	0.0	1.5	3.4
Residents confined to chairs.	26	48.1	48.3	50.8
Residents requiring restraints.	15	27.8	40.5	41.3
Confused or disoriented residents.	25	46.3	57.1	58.4
Residents with bed sores.	6	11.1	6.4	7.1
Residents receiving special skin care.	1	1.9	28.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	8	3.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.9	518	5.5
Each resident is free from mental and physical abuse.	MET	4	1.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	4.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	102	40.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.4	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	3	1.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.8	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	10	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	168	66.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	120	47.2	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	49	19.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	61	24.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	39	15.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	29	11.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	80	31.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	56	22.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	105	41.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	36	14.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	5	2.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	13.8	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	50	19.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	15.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	24	9.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	3.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	129	50.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	140	55.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	182	71.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	72	28.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	184	72.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE PARK RIDGE CARE CENTER

Street Address:		City and State:	
1250 NE 145TH ST		SEATTLE WA 98155	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	128	PROPRIETARY	01/11/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
10	3	0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	10	100	80.1	81.5
Dressing				
Residents requiring some or total assistance in dressing.	10	100	82.6	83.2
Toileting				
Residents requiring some or total assistance in toileting.	10	100	73.3	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	10	100	89.5	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	10	100	67.8	68.2
Residents on individually written bowel and bladder retraining program.	1	10.0	5.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	6	60.0	35.2	37.7
Completely bedfast residents.	0	0.0	1.5	3.4
Residents confined to chairs.	10	100	48.3	50.8
Residents requiring restraints.	10	100	40.5	41.3
Confused or disoriented residents.	7	70.0	57.1	58.4
Residents with bed sores.	6	60.0	6.4	7.1
Residents receiving special skin care.	6	60.0	28.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	8	3.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.9	518	5.5
Each resident is free from mental and physical abuse.	MET	4	1.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	4.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	102	40.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.4	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	3	1.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.8	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	10	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	168	66.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	120	47.2	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	49	19.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	61	24.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	39	15.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	29	11.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	80	31.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	56	22.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	105	41.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	36	14.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	5	2.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	13.8	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	50	19.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	15.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	24	9.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	3.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	129	50.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	140	55.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	182	71.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	72	28.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	184	72.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE PARK WEST CARE CENTER

Street Address:		City and State:	
1703 CALIFORNIA AVE SW		SEATTLE WA 98116	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	152	PROPRIETARY	11/30/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
148	2	75

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	117	79.1	80.1	81.5
Dressing				
Residents requiring some or total assistance in dressing.	112	75.7	82.6	83.2
Toileting				
Residents requiring some or total assistance in toileting.	107	72.3	73.3	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	148	100	89.5	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	99	66.9	67.8	68.2
Residents on individually written bowel and bladder retraining program.	41	27.7	5.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	29	19.6	35.2	37.7
Completely bedfast residents.	3	2.0	1.5	3.4
Residents confined to chairs.	47	31.8	48.3	50.8
Residents requiring restraints.	49	33.1	40.5	41.3
Confused or disoriented residents.	77	52.0	57.1	58.4
Residents with bed sores.	10	6.8	6.4	7.1
Residents receiving special skin care.	40	27.0	28.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	8	3.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.9	518	5.5
Each resident is free from mental and physical abuse.	MET	4	1.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	4.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	102	40.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.4	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	3	1.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.8	49	0.5
Nursing services are provided at all times to meet the needs of residents.	NOT MET	10	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	168	66.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	120	47.2	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	49	19.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	61	24.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	39	15.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	29	11.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	80	31.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	56	22.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	105	41.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	36	14.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	5	2.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	35	13.8	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	50	19.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	15.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	24	9.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	3.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	129	50.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	140	55.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	182	71.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	72	28.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	184	72.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE PEDERSEN NURSING HOME

Street Address:		City and State:	
414 TENTH AVE		SEATTLE WA 98122	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID ICF	37	PROPRIETARY	06/22/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
36	0	30		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	3	8.3	60.0	78.3
Dressing				
Residents requiring some or total assistance in dressing.	19	52.8	50.0	76.7
Toileting				
Residents requiring some or total assistance in toileting.	1	2.8	33.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	4	11.1	39.2	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	0	0.0	34.5	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	9.9	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	0	0.0	9.0	29.3
Completely bedfast residents.	0	0.0	0.6	3.6
Residents confined to chairs.	0	0.0	8.2	39.1
Residents requiring restraints.	0	0.0	9.6	31.7
Confused or disoriented residents.	0	0.0	53.0	55.8
Residents with bed sores.	0	0.0	2.3	4.7
Residents receiving special skin care.	0	0.0	19.7	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	1	3.4	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	2	6.9	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	3.4	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	3.4	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	0	0.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	8	27.6	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	0	0.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	1	3.4	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	4	13.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	0	0.0	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	0	0.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	3	10.3	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	2	6.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	14	48.3	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	3	10.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	3.4	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	4	13.8	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	6	20.7	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	2	6.9	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	4	13.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	2	6.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	10.3	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	20	69.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE PINEHURST CONVALESCENT CENTER

Street Address:		City and State:	
11039 17TH AVE NE		SEATTLE WA 98125	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID ICF	60	PROPRIETARY	06/09/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
50	0	42

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	40	80.0	60.0	78.3
Dressing				
Residents requiring some or total assistance in dressing.	22	44.0	50.0	76.7
Toileting				
Residents requiring some or total assistance in toileting.	5	10.0	33.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	4	8.0	39.2	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	8	16.0	34.5	59.1
Residents on individually written bowel and bladder retraining program.	1	2.0	9.9	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	0	0.0	9.0	29.3
Completely bedfast residents.	0	0.0	0.6	3.6
Residents confined to chairs.	1	2.0	8.2	39.1
Residents requiring restraints.	0	0.0	9.6	31.7
Confused or disoriented residents.	17	34.0	53.0	55.8
Residents with bed sores.	0	0.0	2.3	4.7
Residents receiving special skin care.	12	24.0	19.7	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	1	3.4	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	2	6.9	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	3.4	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	3.4	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	0	0.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	8	27.6	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	0	0.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	1	3.4	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	4	13.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	0	0.0	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	0	0.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	3	10.3	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	2	6.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	14	48.3	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	3	10.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	3.4	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	4	13.8	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	6	20.7	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	2	6.9	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	4	13.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	2	6.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	10.3	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	20	69.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE PINEHURST PARK TERRACE

Street Address:		City and State:	
2818 NE 145TH ST		SEATTLE WA 98155	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	200	PROPRIETARY	07/14/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:	
191	0	139	

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	183	95.8	80.1	81.5
Dressing				
Residents requiring some or total assistance in dressing.	135	70.7	82.6	83.2
Toileting				
Residents requiring some or total assistance in toileting.	126	66.0	73.3	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	114	59.7	89.5	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	105	55.0	67.8	68.2
Residents on individually written bowel and bladder retraining program.	1	0.5	5.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	57	29.8	35.2	37.7
Completely bedfast residents.	2	1.0	1.5	3.4
Residents confined to chairs.	96	50.3	48.3	50.8
Residents requiring restraints.	78	40.8	40.5	41.3
Confused or disoriented residents.	98	51.3	57.1	58.4
Residents with bed sores.	14	7.3	6.4	7.1
Residents receiving special skin care.	61	31.9	28.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	8	3.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.9	518	5.5
Each resident is free from mental and physical abuse.	MET	4	1.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	4.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	102	40.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.4	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	3	1.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.8	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	10	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	168	66.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	120	47.2	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	49	19.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	61	24.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	39	15.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	29	11.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	80	31.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	56	22.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	105	41.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	36	14.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	5	2.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	13.8	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	50	19.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	15.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	24	9.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	3.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	129	50.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	140	55.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	182	71.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	72	28.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	184	72.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE QUEEN ANNE CARE CENTER

Street Address: 2717 DEXTER AVE N		City and State: SEATTLE WA 98109	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 174	Type of Ownership: PROPRIETARY	Survey Date: 09/15/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 161	Medicare Residents: 0	Medicaid Residents: 115
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	111	68.9	80.1	81.5
Dressing				
Residents requiring some or total assistance in dressing.	126	78.3	82.6	83.2
Toileting				
Residents requiring some or total assistance in toileting.	127	78.9	73.3	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	102	63.4	89.5	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	104	64.6	67.8	68.2
Residents on individually written bowel and bladder retraining program.	7	4.3	5.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	33	20.5	35.2	37.7
Completely bedfast residents.	1	0.6	1.5	3.4
Residents confined to chairs.	62	38.5	48.3	50.8
Residents requiring restraints.	46	28.6	40.5	41.3
Confused or disoriented residents.	73	45.3	57.1	58.4
Residents with bed sores.	10	6.2	6.4	7.1
Residents receiving special skin care.	95	59.0	28.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	8	3.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.9	518	5.5
Each resident is free from mental and physical abuse.	MET	4	1.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	4.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	102	40.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.4	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	3	1.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.8	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	10	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	168	66.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	120	47.2	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	49	19.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	61	24.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	39	15.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	29	11.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	80	31.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	56	22.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	105	41.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	36	14.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	5	2.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	35	13.8	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	50	19.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	15.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	24	9.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	3.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	129	50.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	140	55.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	182	71.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	72	28.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	184	72.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE RESTORATIVE CARE CENTER

Street Address:		City and State:	
2821 S WALDEN ST		SEATTLE WA 98144	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	189	PROPRIETARY	11/25/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
183	0	136		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	134	73.2	80.1	81.5
Dressing				
Residents requiring some or total assistance in dressing.	129	70.5	82.6	83.2
Toileting				
Residents requiring some or total assistance in toileting.	112	61.2	73.3	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	117	63.9	89.5	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	115	62.8	67.8	68.2
Residents on individually written bowel and bladder retraining program.	2	1.1	5.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	101	55.2	35.2	37.7
Completely bedfast residents.	1	0.5	1.5	3.4
Residents confined to chairs.	110	60.1	48.3	50.8
Residents requiring restraints.	61	33.3	40.5	41.3
Confused or disoriented residents.	117	63.9	57.1	58.4
Residents with bed sores.	16	8.7	6.4	7.1
Residents receiving special skin care.	59	32.2	28.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	8	3.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.9	518	5.5
Each resident is free from mental and physical abuse.	MET	4	1.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	4.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	102	40.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.4	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	3	1.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.8	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	10	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	168	66.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	120	47.2	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	49	19.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	61	24.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	39	15.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	29	11.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	80	31.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	56	22.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	105	41.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	36	14.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	5	2.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	13.8	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	50	19.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	15.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	24	9.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	3.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	129	50.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	140	55.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	182	71.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	72	28.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	184	72.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE RIVERTON HEIGHTS CONVALESCENT HOME

Street Address:		City and State:	
2849 SOUTH 127TH STREET		SEATTLE WA 98168	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID SNF/ICF	70	PROPRIETARY	11/12/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
63	0	27

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	55	87.3	80.1	81.5
Dressing				
Residents requiring some or total assistance in dressing.	55	87.3	82.6	83.2
Toileting				
Residents requiring some or total assistance in toileting.	48	76.2	73.3	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	63	100	89.5	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	36	57.1	67.8	68.2
Residents on individually written bowel and bladder retraining program.	2	3.2	5.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	20	31.7	35.2	37.7
Completely bedfast residents.	0	0.0	1.5	3.4
Residents confined to chairs.	12	19.0	48.3	50.8
Residents requiring restraints.	28	44.4	40.5	41.3
Confused or disoriented residents.	40	63.5	57.1	58.4
Residents with bed sores.	2	3.2	6.4	7.1
Residents receiving special skin care.	17	27.0	28.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	8	3.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.9	518	5.5
Each resident is free from mental and physical abuse.	MET	4	1.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	4.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	102	40.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.4	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	3	1.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.8	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	10	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	168	66.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	120	47.2	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	49	19.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	61	24.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	39	15.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	29	11.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	80	31.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	56	22.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	105	41.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	36	14.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	5	2.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	13.8	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	50	19.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	15.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	24	9.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	3.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	129	50.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	140	55.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	182	71.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	72	28.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	184	72.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE SEATTLE KEIRO

Street Address:		City and State:	
1700 24TH AVE S		SEATTLE WA 98144	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID SNF/ICF	150	NON-PROFIT OTHER	02/29/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
111	0	79

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	91	82.0	80.1	81.5
Dressing				
Residents requiring some or total assistance in dressing.	96	86.5	82.6	83.2
Toileting				
Residents requiring some or total assistance in toileting.	89	80.2	73.3	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	79	71.2	89.5	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	55	49.5	67.8	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	5.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	25	22.5	35.2	37.7
Completely bedfast residents.	1	0.9	1.5	3.4
Residents confined to chairs.	62	55.9	48.3	50.8
Residents requiring restraints.	54	48.6	40.5	41.3
Confused or disoriented residents.	72	64.9	57.1	58.4
Residents with bed sores.	4	3.6	6.4	7.1
Residents receiving special skin care.	14	12.6	28.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	8	3.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.9	518	5.5
Each resident is free from mental and physical abuse.	MET	4	1.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	4.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	102	40.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.4	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	3	1.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.8	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	10	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	168	66.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	120	47.2	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	49	19.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	61	24.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	39	15.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	29	11.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	80	31.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	56	22.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	105	41.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	36	14.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	5	2.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	13.8	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	50	19.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	15.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	24	9.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	3.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	129	50.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	140	55.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	182	71.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	72	28.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	184	72.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE ST CABRINI HOSPITAL OF SEATTLE

Street Address:		City and State:	
920 TERRY AVE		SEATTLE WA 98104	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	33	NON-PROFIT RELIGIOUS	03/15/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
26	10	0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	11	42.3	80.1	81.5
Dressing				
Residents requiring some or total assistance in dressing.	12	46.2	82.6	83.2
Toileting				
Residents requiring some or total assistance in toileting.	23	88.5	73.3	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	20	76.9	89.5	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	13	50.0	67.8	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	5.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	5	19.2	35.2	37.7
Completely bedfast residents.	2	7.7	1.5	3.4
Residents confined to chairs.	12	46.2	48.3	50.8
Residents requiring restraints.	3	11.5	40.5	41.3
Confused or disoriented residents.	2	7.7	57.1	58.4
Residents with bed sores.	2	7.7	6.4	7.1
Residents receiving special skin care.	0	0.0	28.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	8	3.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.9	518	5.5
Each resident is free from mental and physical abuse.	MET	4	1.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	4.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	102	40.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.4	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	3	1.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.8	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	10	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	168	66.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	120	47.2	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	49	19.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	61	24.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	39	15.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	29	11.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	80	31.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	56	22.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	105	41.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	36	14.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	5	2.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	13.8	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	50	19.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	15.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	24	9.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	3.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	129	50.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	140	55.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	182	71.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	72	28.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	184	72.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE SUNSHINE VISTA

Street Address:		City and State:	
1732 - 16TH AVE		SEATTLE WA 98122	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	37	PROPRIETARY	01/20/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
34	3	5		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	27	79.4	80.1	81.5
Dressing				
Residents requiring some or total assistance in dressing.	29	85.3	82.6	83.2
Toileting				
Residents requiring some or total assistance in toileting.	28	82.4	73.3	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	34	100	89.5	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	20	58.8	67.8	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	5.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	8	23.5	35.2	37.7
Completely bedfast residents.	0	0.0	1.5	3.4
Residents confined to chairs.	12	35.3	48.3	50.8
Residents requiring restraints.	13	38.2	40.5	41.3
Confused or disoriented residents.	12	35.3	57.1	58.4
Residents with bed sores.	7	20.6	6.4	7.1
Residents receiving special skin care.	7	20.6	28.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	8	3.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.9	518	5.5
Each resident is free from mental and physical abuse.	MET	4	1.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	4.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	102	40.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.4	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	3	1.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.8	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	10	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	168	66.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	120	47.2	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	49	19.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	61	24.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	39	15.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	29	11.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	80	31.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	56	22.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	105	41.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	36	14.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	5	2.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	13.8	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	50	19.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	15.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	24	9.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	3.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	129	50.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	140	55.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	182	71.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	72	28.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	184	72.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE TERRACE VIEW CONVALESCENT CENTER

Street Address:		City and State:	
1701 EIGHTEENTH AVE S		SEATTLE WA 98144	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	115	PROPRIETARY	06/23/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
114	4	99		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	91	79.8	80.1	81.5
Dressing				
Residents requiring some or total assistance in dressing.	82	71.9	82.6	83.2
Toileting				
Residents requiring some or total assistance in toileting.	92	80.7	73.3	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	79	69.3	89.5	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	73	64.0	67.8	68.2
Residents on individually written bowel and bladder retraining program.	3	2.6	5.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	76	66.7	35.2	37.7
Completely bedfast residents.	4	3.5	1.5	3.4
Residents confined to chairs.	78	68.4	48.3	50.8
Residents requiring restraints.	55	48.2	40.5	41.3
Confused or disoriented residents.	47	41.2	57.1	58.4
Residents with bed sores.	11	9.6	6.4	7.1
Residents receiving special skin care.	11	9.6	28.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	8	3.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.9	518	5.5
Each resident is free from mental and physical abuse.	MET	4	1.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	4.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	102	40.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.4	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	3	1.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.8	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	10	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	168	66.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	120	47.2	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	49	19.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	61	24.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	39	15.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	29	11.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	80	31.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	56	22.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	105	41.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	36	14.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	5	2.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	13.8	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	50	19.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	15.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	24	9.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	3.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	129	50.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	140	55.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	182	71.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	72	28.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	184	72.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE WEDGEWOOD REHABILITATION CENTER

Street Address:		City and State:	
9132 RAVENNA AVE NE		SEATTLE WA 98115	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID SNF/ICF	81	PROPRIETARY	03/06/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
80	0	51

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	75	93.8	80.1	81.5
Dressing				
Residents requiring some or total assistance in dressing.	74	92.5	82.6	83.2
Toileting				
Residents requiring some or total assistance in toileting.	65	81.3	73.3	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	53	66.2	89.5	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	58	72.5	67.8	68.2
Residents on individually written bowel and bladder retraining program.	3	3.7	5.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	13	16.2	35.2	37.7
Completely bedfast residents.	0	0.0	1.5	3.4
Residents confined to chairs.	43	53.7	48.3	50.8
Residents requiring restraints.	40	50.0	40.5	41.3
Confused or disoriented residents.	43	53.7	57.1	58.4
Residents with bed sores.	5	6.3	6.4	7.1
Residents receiving special skin care.	25	31.3	28.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	8	3.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.9	518	5.5
Each resident is free from mental and physical abuse.	MET	4	1.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	4.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	102	40.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.4	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	3	1.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.8	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	10	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	168	66.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	120	47.2	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	49	19.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	61	24.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	39	15.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	29	11.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	80	31.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	56	22.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	105	41.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	36	14.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	5	2.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	13.8	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	50	19.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	40	15.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	24	9.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	3.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	129	50.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	140	55.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	182	71.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	72	28.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	184	72.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE WESLEY CARE CENTER

Street Address:		City and State:	
1122 S 216TH ST		SEATTLE WA 98188	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID SNF/ICF	98	NON-PROFIT RELIGIOUS	05/01/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
97	0	70

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	65	67.0	80.1	81.5
Dressing				
Residents requiring some or total assistance in dressing.	75	77.3	82.6	83.2
Toileting				
Residents requiring some or total assistance in toileting.	71	73.2	73.3	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	65	67.0	89.5	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	67	69.1	67.8	68.2
Residents on individually written bowel and bladder retraining program.	2	2.1	5.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	33	34.0	35.2	37.7
Completely bedfast residents.	0	0.0	1.5	3.4
Residents confined to chairs.	58	59.8	48.3	50.8
Residents requiring restraints.	58	59.8	40.5	41.3
Confused or disoriented residents.	67	69.1	57.1	58.4
Residents with bed sores.	6	6.2	6.4	7.1
Residents receiving special skin care.	16	16.5	28.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	8	3.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.9	518	5.5
Each resident is free from mental and physical abuse.	MET	4	1.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	4.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	102	40.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.4	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	3	1.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.8	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	10	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	168	66.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	120	47.2	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	49	19.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	61	24.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	39	15.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	29	11.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	80	31.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	56	22.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	105	41.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	36	14.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	5	2.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	13.8	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	50	19.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	15.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	24	9.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	3.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	129	50.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	140	55.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	182	71.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	72	28.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	184	72.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE

SELAH CONVALESCENT HOME

Street Address:		City and State:	
203 W NACHES AVE (P O BOX 157)		SELAH WA 98942	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID ICF	38	PROPRIETARY	05/20/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
37	0	24

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	36	97.3	60.0	78.3
Dressing				
Residents requiring some or total assistance in dressing.	22	59.5	50.0	76.7
Toileting				
Residents requiring some or total assistance in toileting.	21	56.8	33.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	25	67.6	39.2	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	18	48.6	34.5	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	9.9	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	9	24.3	9.0	29.3
Completely bedfast residents.	0	0.0	0.6	3.6
Residents confined to chairs.	2	5.4	8.2	39.1
Residents requiring restraints.	13	35.1	9.6	31.7
Confused or disoriented residents.	23	62.2	53.0	55.8
Residents with bed sores.	1	2.7	2.3	4.7
Residents receiving special skin care.	6	16.2	19.7	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	1	3.4	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	2	6.9	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	3.4	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	3.4	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	0	0.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	8	27.6	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	0	0.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	1	3.4	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	4	13.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	0	0.0	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	0	0.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	3	10.3	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	2	6.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	14	48.3	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	3	10.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	3.4	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	4	13.8	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	6	20.7	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	2	6.9	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	4	13.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	2	6.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	10.3	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	20	69.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE OLYMPIC HEALTH CARE CENTER

Street Address:		City and State:	
1000 FIFTH AVE S		SEQUIM WA 98382	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	60	PROPRIETARY	07/09/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
56	0	39		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	48	85.7	80.1	81.5
Dressing				
Residents requiring some or total assistance in dressing.	41	73.2	82.6	83.2
Toileting				
Residents requiring some or total assistance in toileting.	48	85.7	73.3	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	56	100	89.5	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	43	76.8	67.8	68.2
Residents on individually written bowel and bladder retraining program.	3	5.4	5.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	17	30.4	35.2	37.7
Completely bedfast residents.	0	0.0	1.5	3.4
Residents confined to chairs.	40	71.4	48.3	50.8
Residents requiring restraints.	32	57.1	40.5	41.3
Confused or disoriented residents.	38	67.9	57.1	58.4
Residents with bed sores.	5	8.9	6.4	7.1
Residents receiving special skin care.	17	30.4	28.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	8	3.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	10	3.9	518	5.5
Each resident is free from mental and physical abuse.	MET	4	1.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	11	4.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	102	40.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.4	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	3	1.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.8	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	10	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	168	66.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	120	47.2	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	49	19.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	61	24.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	39	15.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	29	11.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	80	31.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	56	22.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	105	41.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	36	14.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	5	2.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	13.8	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	50	19.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	15.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	24	9.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	3.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	129	50.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	140	55.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	182	71.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	72	28.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	184	72.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE SEQUIM NURSING CENTER

Street Address: 408 W WASHINGTON (P O BOX 726)		City and State: SEQUIM WA 98382	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 102	Type of Ownership: PROPRIETARY	Survey Date: 10/08/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 82	Medicare Residents: 3	Medicaid Residents: 48
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	82	100	80.1	81.5
Dressing Residents requiring some or total assistance in dressing.	70	85.4	82.6	83.2
Toileting Residents requiring some or total assistance in toileting.	64	78.0	73.3	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	64	78.0	89.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	50	61.0	67.8	68.2
 Residents on individually written bowel and bladder retraining program.	3	3.7	5.6	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	56	68.3	35.2	37.7
 Completely bedfast residents.	1	1.2	1.5	3.4
 Residents confined to chairs.	33	40.2	48.3	50.8
 Residents requiring restraints.	33	40.2	40.5	41.3
 Confused or disoriented residents.	45	54.9	57.1	58.4
 Residents with bed sores.	9	11.0	6.4	7.1
 Residents receiving special skin care.	12	14.6	28.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	8	3.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.9	518	5.5
Each resident is free from mental and physical abuse.	MET	4	1.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	4.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	102	40.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.4	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	3	1.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.8	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	10	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	168	66.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	120	47.2	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	49	19.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	61	24.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	39	15.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	29	11.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	80	31.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	56	22.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	105	41.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	36	14.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	5	2.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	35	13.8	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	50	19.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	15.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	24	9.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	3.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	129	50.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	140	55.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	182	71.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	72	28.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	184	72.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE SHERWOOD MANOR

Street Address: 550 HENDRICKSON RD (P O BOX 1630)		City and State: SEQUIM WA 98382	
Participation: MEDICAID SNF/ICF	# of Beds: 60	Type of Ownership: PROPRIETARY	Survey Date: 06/08/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 57	Medicare Residents: 0	Medicaid Residents: 22	
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	46	80.7	80.1	81.5
Dressing				
Residents requiring some or total assistance in dressing.	46	80.7	82.6	83.2
Toileting				
Residents requiring some or total assistance in toileting.	43	75.4	73.3	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	24	42.1	89.5	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	28	49.1	67.8	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	5.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	4	7.0	35.2	37.7
Completely bedfast residents.	0	0.0	1.5	3.4
Residents confined to chairs.	15	26.3	48.3	50.8
Residents requiring restraints.	7	12.3	40.5	41.3
Confused or disoriented residents.	47	82.5	57.1	58.4
Residents with bed sores.	5	8.8	6.4	7.1
Residents receiving special skin care.	5	8.8	28.0	31.2

SELECTED PERFORMANCE INDICATORS

“Facility” column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. “State” and “Nation” columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. “Met” means that the facility is in compliance with the specific requirement. “Not Met” means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	8	3.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.9	518	5.5
Each resident is free from mental and physical abuse.	MET	4	1.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	4.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	102	40.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.4	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	3	1.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.8	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	10	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	168	66.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	120	47.2	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	49	19.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	61	24.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	39	15.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	29	11.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	80	31.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	56	22.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	105	41.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	36	14.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	5	2.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	13.8	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	50	19.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	40	15.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	24	9.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	3.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	129	50.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	140	55.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	182	71.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	72	28.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	184	72.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE FIR LANE TERRACE CONVALESCENT CENTER

Street Address:		City and State:	
2430 N.THIRTEENTH ST.		SHELTON WA 98584	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	122	PROPRIETARY	04/06/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
120	2	84

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	95	79.2	80.1	81.5
Dressing				
Residents requiring some or total assistance in dressing.	105	87.5	82.6	83.2
Toileting				
Residents requiring some or total assistance in toileting.	93	77.5	73.3	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	94	78.3	89.5	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	89	74.2	67.8	68.2
Residents on individually written bowel and bladder retraining program.	4	3.3	5.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	53	44.2	35.2	37.7
Completely bedfast residents.	1	0.8	1.5	3.4
Residents confined to chairs.	81	67.5	48.3	50.8
Residents requiring restraints.	52	43.3	40.5	41.3
Confused or disoriented residents.	69	57.5	57.1	58.4
Residents with bed sores.	9	7.5	6.4	7.1
Residents receiving special skin care.	20	16.7	28.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	8	3.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.9	518	5.5
Each resident is free from mental and physical abuse.	MET	4	1.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	4.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	102	40.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.4	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	3	1.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.8	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	10	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	168	66.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	120	47.2	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	49	19.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	61	24.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	39	15.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	29	11.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	80	31.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	56	22.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	105	41.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	36	14.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	5	2.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	13.8	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	50	19.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	15.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	24	9.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	3.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	129	50.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	140	55.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	182	71.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	72	28.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	184	72.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE DELTA REHABILITATION CENTER

Street Address: 1705 TERRACE		City and State: SNOHOMISH WA 98290	
Participation: MEDICAID SNF/ICF	# of Beds: 138	Type of Ownership: PROPRIETARY	Survey Date: 10/30/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 125	Medicare Residents: 0	Medicaid Residents: 120	
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	114	91.2	80.1	81.5
Dressing				
Residents requiring some or total assistance in dressing.	92	73.6	82.6	83.2
Toileting				
Residents requiring some or total assistance in toileting.	66	52.8	73.3	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	120	96.0	89.5	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	77	61.6	67.8	68.2
Residents on individually written bowel and bladder retraining program.	7	5.6	5.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	32	25.6	35.2	37.7
Completely bedfast residents.	0	0.0	1.5	3.4
Residents confined to chairs.	65	52.0	48.3	50.8
Residents requiring restraints.	43	34.4	40.5	41.3
Confused or disoriented residents.	8	6.4	57.1	58.4
Residents with bed sores.	5	4.0	6.4	7.1
Residents receiving special skin care.	46	36.8	28.0	31.2

SELECTED PERFORMANCE INDICATORS

“Facility” column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. “State” and “Nation” columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. “Met” means that the facility is in compliance with the specific requirement. “Not Met” means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	8	3.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.9	518	5.5
Each resident is free from mental and physical abuse.	MET	4	1.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	4.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	102	40.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.4	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	3	1.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.8	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	10	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	168	66.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	120	47.2	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	49	19.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	61	24.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	39	15.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	29	11.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	80	31.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	56	22.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	105	41.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	36	14.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	5	2.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	13.8	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	50	19.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	15.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	24	9.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	3.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	129	50.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	140	55.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	182	71.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	72	28.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	184	72.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE MERRY HAVEN HEALTH CARE CENTER

Street Address:		City and State:	
800 - 10TH STREET		SNOHOMISH WA 98290	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID SNF/ICF	91	PROPRIETARY	09/21/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
88	0	70

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	68	77.3	80.1	81.5
Dressing				
Residents requiring some or total assistance in dressing.	58	65.9	82.6	83.2
Toileting				
Residents requiring some or total assistance in toileting.	66	75.0	73.3	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	88	100	89.5	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	50	56.8	67.8	68.2
Residents on individually written bowel and bladder retraining program.	3	3.4	5.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	20	22.7	35.2	37.7
Completely bedfast residents.	0	0.0	1.5	3.4
Residents confined to chairs.	14	15.9	48.3	50.8
Residents requiring restraints.	25	28.4	40.5	41.3
Confused or disoriented residents.	37	42.0	57.1	58.4
Residents with bed sores.	6	6.8	6.4	7.1
Residents receiving special skin care.	47	53.4	28.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	8	3.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.9	518	5.5
Each resident is free from mental and physical abuse.	MET	4	1.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	11	4.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	102	40.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.4	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	3	1.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.8	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	10	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	168	66.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	120	47.2	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	49	19.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	61	24.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	39	15.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	29	11.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	80	31.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	56	22.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	105	41.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	36	14.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	5	2.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	13.8	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	50	19.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	15.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	24	9.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	3.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	129	50.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	140	55.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	182	71.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	72	28.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	184	72.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE PARKWAY NURSING HOME

Street Address:		City and State:	
525 THIRTEENTH ST		SNOHOMISH WA 98290	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID SNF/ICF	119	PROPRIETARY	10/07/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:	
112	0	58	

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	78	69.6	80.1	81.5
Dressing				
Residents requiring some or total assistance in dressing.	83	74.1	82.6	83.2
Toileting				
Residents requiring some or total assistance in toileting.	78	69.6	73.3	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	80	71.4	89.5	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	72	64.3	67.8	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	5.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	28	25.0	35.2	37.7
Completely bedfast residents.	2	1.8	1.5	3.4
Residents confined to chairs.	68	60.7	48.3	50.8
Residents requiring restraints.	41	36.6	40.5	41.3
Confused or disoriented residents.	66	58.9	57.1	58.4
Residents with bed sores.	18	16.1	6.4	7.1
Residents receiving special skin care.	78	69.6	28.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	8	3.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.9	518	5.5
Each resident is free from mental and physical abuse.	MET	4	1.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	4.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	102	40.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.4	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	3	1.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.8	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	10	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	168	66.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	120	47.2	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	49	19.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	61	24.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	39	15.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	29	11.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	80	31.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	56	22.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	105	41.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	36	14.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	5	2.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	35	13.8	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	50	19.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	15.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	24	9.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	3.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	129	50.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	140	55.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	182	71.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	72	28.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	184	72.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE MCKAY MEMORIAL

Street Address: 127 SECOND AVENUE SW (BOX 818)		City and State: SOAP LAKE WA 98851	
Participation: MEDICAID SNF/ICF	# of Beds: 42	Type of Ownership: LOCAL GOVERNMENT	Survey Date: 09/02/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 41	Medicare Residents: 0	Medicaid Residents: 28	
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	34	82.9	80.1	81.5
Dressing				
Residents requiring some or total assistance in dressing.	34	82.9	82.6	83.2
Toileting				
Residents requiring some or total assistance in toileting.	33	80.5	73.3	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	30	73.2	89.5	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	37	90.2	67.8	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	5.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	11	26.8	35.2	37.7
Completely bedfast residents.	2	4.9	1.5	3.4
Residents confined to chairs.	26	63.4	48.3	50.8
Residents requiring restraints.	2	4.9	40.5	41.3
Confused or disoriented residents.	16	39.0	57.1	58.4
Residents with bed sores.	0	0.0	6.4	7.1
Residents receiving special skin care.	4	9.8	28.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	8	3.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.9	518	5.5
Each resident is free from mental and physical abuse.	MET	4	1.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	4.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	102	40.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.4	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	3	1.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.8	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	10	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	168	66.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	120	47.2	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	49	19.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	61	24.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	39	15.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	29	11.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	80	31.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	56	22.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	105	41.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	36	14.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	5	2.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	35	13.8	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	50	19.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	40	15.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	24	9.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	3.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	129	50.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	140	55.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	182	71.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	72	28.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	184	72.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE ALDERWOOD MANOR

Street Address: E 3600 HARTSON AVE		City and State: SPOKANE WA 99202	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 85	Type of Ownership: PROPRIETARY	Survey Date: 10/12/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 84	Medicare Residents: 0	Medicaid Residents: 34
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	13	15.5	80.1	81.5
Dressing				
Residents requiring some or total assistance in dressing.	68	81.0	82.6	83.2
Toileting				
Residents requiring some or total assistance in toileting.	62	73.8	73.3	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	59	70.2	89.5	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	54	64.3	67.8	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	5.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	40	47.6	35.2	37.7
Completely bedfast residents.	1	1.2	1.5	3.4
Residents confined to chairs.	21	25.0	48.3	50.8
Residents requiring restraints.	46	54.8	40.5	41.3
Confused or disoriented residents.	44	52.4	57.1	58.4
Residents with bed sores.	5	6.0	6.4	7.1
Residents receiving special skin care.	1	1.2	28.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	8	3.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.9	518	5.5
Each resident is free from mental and physical abuse.	MET	4	1.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	4.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	102	40.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.4	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	3	1.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.8	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	10	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	168	66.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	120	47.2	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	49	19.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	61	24.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	39	15.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	29	11.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	80	31.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	56	22.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	105	41.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	36	14.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	5	2.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	13.8	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	50	19.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	15.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	24	9.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	3.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	129	50.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	140	55.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	182	71.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	72	28.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	184	72.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE CLIFF MANOR

Street Address:		City and State:	
W 427 SEVENTH AVE		SPOKANE WA 99204	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID SNF/ICF	85	PROPRIETARY	11/09/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
75	0	74		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	70	93.3	80.1	81.5
Dressing				
Residents requiring some or total assistance in dressing.	45	60.0	82.6	83.2
Toileting				
Residents requiring some or total assistance in toileting.	42	56.0	73.3	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	54	72.0	89.5	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	47	62.7	67.8	68.2
Residents on individually written bowel and bladder retraining program.	2	2.7	5.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	25	33.3	35.2	37.7
Completely bedfast residents.	0	0.0	1.5	3.4
Residents confined to chairs.	15	20.0	48.3	50.8
Residents requiring restraints.	10	13.3	40.5	41.3
Confused or disoriented residents.	52	69.3	57.1	58.4
Residents with bed sores.	1	1.3	6.4	7.1
Residents receiving special skin care.	15	20.0	28.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	8	3.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.9	518	5.5
Each resident is free from mental and physical abuse.	MET	4	1.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	4.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	102	40.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.4	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	3	1.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.8	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	10	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	168	66.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	120	47.2	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	49	19.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	61	24.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	39	15.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	29	11.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	80	31.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	56	22.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	105	41.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	36	14.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	5	2.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	13.8	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	50	19.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	15.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	24	9.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	3.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	129	50.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	140	55.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	182	71.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	72	28.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	184	72.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE GARDEN TERRACE MANOR

Street Address:		City and State:	
W 424 SEVENTH AVE		SPOKANE WA 99204	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	96	PROPRIETARY	02/03/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:	
78	0	66	

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	71	91.0	80.1	81.5
Dressing				
Residents requiring some or total assistance in dressing.	74	94.9	82.6	83.2
Toileting				
Residents requiring some or total assistance in toileting.	67	85.9	73.3	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	67	85.9	89.5	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	61	78.2	67.8	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	5.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	16	20.5	35.2	37.7
Completely bedfast residents.	0	0.0	1.5	3.4
Residents confined to chairs.	58	74.4	48.3	50.8
Residents requiring restraints.	38	48.7	40.5	41.3
Confused or disoriented residents.	38	48.7	57.1	58.4
Residents with bed sores.	3	3.8	6.4	7.1
Residents receiving special skin care.	14	17.9	28.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	8	3.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.9	518	5.5
Each resident is free from mental and physical abuse.	MET	4	1.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	4.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	102	40.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.4	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	3	1.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.8	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	10	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	168	66.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	120	47.2	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	49	19.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	61	24.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	39	15.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	29	11.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	80	31.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	56	22.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	105	41.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	36	14.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	5	2.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	13.8	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	50	19.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	40	15.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	24	9.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	3.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	129	50.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	140	55.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	182	71.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	72	28.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	184	72.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE KIRBYHAVEN

Street Address:		City and State:	
EAST 10506 10TH AVENUE		SPOKANE WA 99206	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID ICF	57	PROPRIETARY	03/24/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
7	0	5		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	6	85.7	60.0	78.3
Dressing				
Residents requiring some or total assistance in dressing.	5	71.4	50.0	76.7
Toileting				
Residents requiring some or total assistance in toileting.	3	42.9	33.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	3	42.9	39.2	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	4	57.1	34.5	59.1
Residents on individually written bowel and bladder retraining program.	5	71.4	9.9	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	2	28.6	9.0	29.3
Completely bedfast residents.	0	0.0	0.6	3.6
Residents confined to chairs.	0	0.0	8.2	39.1
Residents requiring restraints.	1	14.3	9.6	31.7
Confused or disoriented residents.	2	28.6	53.0	55.8
Residents with bed sores.	0	0.0	2.3	4.7
Residents receiving special skin care.	4	57.1	19.7	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	1	3.4	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	2	6.9	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	3.4	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	3.4	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	0	0.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	8	27.6	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	0	0.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	1	3.4	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	4	13.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	0	0.0	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	0	0.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	3	10.3	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	2	6.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	14	48.3	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	3	10.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	3.4	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	4	13.8	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	6	20.7	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	2	6.9	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	4	13.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	2	6.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	10.3	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	20	69.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE LILAC CITY CONVALESCENT CENTER

Street Address: E 1707 ROWAN AVE		City and State: SPOKANE WA 99207	
Participation: MEDICAID SNF/ICF	# of Beds: 52	Type of Ownership: PROPRIETARY	Survey Date: 11/24/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 49	Medicare Residents: 0	Medicaid Residents: 16	
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	40	81.6	80.1	81.5
Dressing Residents requiring some or total assistance in dressing.	41	83.7	82.6	83.2
Toileting Residents requiring some or total assistance in toileting.	37	75.5	73.3	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	43	87.8	89.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	28	57.1	67.8	68.2
Residents on individually written bowel and bladder retraining program.	1	2.0	5.6	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	17	34.7	35.2	37.7
Completely bedfast residents.	0	0.0	1.5	3.4
Residents confined to chairs.	34	69.4	48.3	50.8
Residents requiring restraints.	24	49.0	40.5	41.3
Confused or disoriented residents.	22	44.9	57.1	58.4
Residents with bed sores.	4	8.2	6.4	7.1
Residents receiving special skin care.	8	16.3	28.0	31.2

SELECTED PERFORMANCE INDICATORS

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Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	8	3.1	201	2.1
The facility uses a system that assures full and complete accounting of residents’ personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.9	518	5.5
Each resident is free from mental and physical abuse.	MET	4	1.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	4.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	102	40.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.4	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	3	1.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	NOT MET	7	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.8	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	10	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	168	66.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	120	47.2	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	49	19.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	61	24.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	39	15.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	29	11.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	80	31.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	56	22.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	105	41.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	36	14.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	5	2.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	35	13.8	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	50	19.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	15.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	24	9.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	3.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	129	50.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	140	55.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	182	71.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	72	28.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	184	72.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE MANOR CARE CONVALESCENT & REHAB CTR

Street Address:		City and State:	
NORTH 6025 ASSEMBLY		SPOKANE WA 99205	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	125	PROPRIETARY	04/21/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:	
100	1	21	

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	94	94.0	80.1	81.5
Dressing				
Residents requiring some or total assistance in dressing.	88	88.0	82.6	83.2
Toileting				
Residents requiring some or total assistance in toileting.	80	80.0	73.3	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	80	80.0	89.5	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	68	68.0	67.8	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	5.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	16	16.0	35.2	37.7
Completely bedfast residents.	4	4.0	1.5	3.4
Residents confined to chairs.	32	32.0	48.3	50.8
Residents requiring restraints.	34	34.0	40.5	41.3
Confused or disoriented residents.	52	52.0	57.1	58.4
Residents with bed sores.	12	12.0	6.4	7.1
Residents receiving special skin care.	33	33.0	28.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	8	3.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.9	518	5.5
Each resident is free from mental and physical abuse.	MET	4	1.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	4.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	102	40.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.4	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	3	1.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.8	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	10	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	168	66.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	120	47.2	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	49	19.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	61	24.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	39	15.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	29	11.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	80	31.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	56	22.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	105	41.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	36	14.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	5	2.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	13.8	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	50	19.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	40	15.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	24	9.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	3.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	129	50.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	140	55.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	182	71.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	72	28.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	184	72.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE MANSION HOUSE NURSING HOME

Street Address: E 3011 WELLESLEY		City and State: SPOKANE WA 99207	
Participation: MEDICAID SNF/ICF	# of Beds: 67	Type of Ownership: PROPRIETARY	Survey Date: 11/09/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 61	Medicare Residents: 0	Medicaid Residents: 40		
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	53	86.9	80.1	81.5
Dressing				
Residents requiring some or total assistance in dressing.	55	90.2	82.6	83.2
Toileting				
Residents requiring some or total assistance in toileting.	50	82.0	73.3	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	43	70.5	89.5	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	43	70.5	67.8	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	5.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	21	34.4	35.2	37.7
Completely bedfast residents.	0	0.0	1.5	3.4
Residents confined to chairs.	45	73.8	48.3	50.8
Residents requiring restraints.	27	44.3	40.5	41.3
Confused or disoriented residents.	27	44.3	57.1	58.4
Residents with bed sores.	6	9.8	6.4	7.1
Residents receiving special skin care.	6	9.8	28.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	8	3.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.9	518	5.5
Each resident is free from mental and physical abuse.	MET	4	1.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	4.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	102	40.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.4	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	3	1.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	NOT MET	7	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.8	49	0.5
Nursing services are provided at all times to meet the needs of residents.	NOT MET	10	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	168	66.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	120	47.2	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	49	19.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	61	24.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	39	15.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	29	11.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	80	31.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	56	22.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	105	41.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	36	14.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	5	2.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	13.8	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	50	19.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	40	15.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	24	9.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	3.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	129	50.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	140	55.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	182	71.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	72	28.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	184	72.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE NORTH CENTRAL CONVALESCENT CTR

Street Address:		City and State:	
WEST 618 NORA		SPOKANE WA 99205	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID SNF/ICF	101	PROPRIETARY	11/09/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
95	0	84

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	0	0.0	80.1	81.5
Dressing				
Residents requiring some or total assistance in dressing.	93	97.9	82.6	83.2
Toileting				
Residents requiring some or total assistance in toileting.	59	62.1	73.3	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	95	100	89.5	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	62	65.3	67.8	68.2
Residents on individually written bowel and bladder retraining program.	3	3.2	5.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	27	28.4	35.2	37.7
Completely bedfast residents.	1	1.1	1.5	3.4
Residents confined to chairs.	30	31.6	48.3	50.8
Residents requiring restraints.	37	38.9	40.5	41.3
Confused or disoriented residents.	68	71.6	57.1	58.4
Residents with bed sores.	3	3.2	6.4	7.1
Residents receiving special skin care.	19	20.0	28.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	8	3.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.9	518	5.5
Each resident is free from mental and physical abuse.	MET	4	1.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	4.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	102	40.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.4	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	3	1.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.8	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	10	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	168	66.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	120	47.2	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	49	19.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	61	24.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	39	15.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	29	11.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	80	31.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	56	22.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	105	41.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	36	14.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	5	2.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	35	13.8	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	50	19.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	15.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	24	9.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	3.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	129	50.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	140	55.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	182	71.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	72	28.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	184	72.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE REGENCY CARE CENTER OF SPOKANE

Street Address: E 44 COZZA DRIVE		City and State: SPOKANE WA 99208	
Participation: MEDICAID SNF/ICF	# of Beds: 137	Type of Ownership: PROPRIETARY	Survey Date: 01/12/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 135	Medicare Residents: 0	Medicaid Residents: 101
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	133	98.5	80.1	81.5
Dressing				
Residents requiring some or total assistance in dressing.	118	87.4	82.6	83.2
Toileting				
Residents requiring some or total assistance in toileting.	111	82.2	73.3	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	106	78.5	89.5	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	99	73.3	67.8	68.2
Residents on individually written bowel and bladder retraining program.	11	8.1	5.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	61	45.2	35.2	37.7
Completely bedfast residents.	0	0.0	1.5	3.4
Residents confined to chairs.	38	28.1	48.3	50.8
Residents requiring restraints.	80	59.3	40.5	41.3
Confused or disoriented residents.	103	76.3	57.1	58.4
Residents with bed sores.	9	6.7	6.4	7.1
Residents receiving special skin care.	10	7.4	28.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	8	3.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.9	518	5.5
Each resident is free from mental and physical abuse.	MET	4	1.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	4.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	102	40.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.4	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	3	1.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	NOT MET	7	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.8	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	10	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	168	66.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	120	47.2	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	49	19.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	61	24.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	39	15.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	29	11.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	80	31.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	56	22.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	105	41.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	36	14.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	5	2.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	13.8	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	50	19.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	40	15.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	24	9.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	3.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	129	50.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	140	55.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	182	71.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	72	28.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	184	72.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE REGENCY SOUTH CARE CENTER

Street Address:		City and State:	
S 518 BROWNE ST		SPOKANE WA 99204	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID SNF/ICF	84	PROPRIETARY	11/05/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
73	0	63		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	64	87.7	80.1	81.5
Dressing				
Residents requiring some or total assistance in dressing.	66	90.4	82.6	83.2
Toileting				
Residents requiring some or total assistance in toileting.	52	71.2	73.3	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	42	57.5	89.5	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	48	65.8	67.8	68.2
Residents on individually written bowel and bladder retraining program.	31	42.5	5.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	26	35.6	35.2	37.7
Completely bedfast residents.	2	2.7	1.5	3.4
Residents confined to chairs.	20	27.4	48.3	50.8
Residents requiring restraints.	30	41.1	40.5	41.3
Confused or disoriented residents.	44	60.3	57.1	58.4
Residents with bed sores.	4	5.5	6.4	7.1
Residents receiving special skin care.	7	9.6	28.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	8	3.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.9	518	5.5
Each resident is free from mental and physical abuse.	MET	4	1.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	4.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	102	40.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.4	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	3	1.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.8	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	10	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	168	66.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	120	47.2	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	49	19.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	61	24.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	39	15.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	29	11.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	80	31.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	56	22.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	105	41.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	36	14.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	5	2.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	13.8	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	50	19.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	15.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	24	9.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	3.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	129	50.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	140	55.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	182	71.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	72	28.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	184	72.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE RIVER PARK CONVALESCENT CENTER

Street Address:		City and State:	
W 4444 DOWNRIVER DRIVE		SPOKANE WA 99205	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID SNF/ICF	136	PROPRIETARY	06/08/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
131	0	119

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	98	74.8	80.1	81.5
Dressing				
Residents requiring some or total assistance in dressing.	82	62.6	82.6	83.2
Toileting				
Residents requiring some or total assistance in toileting.	59	45.0	73.3	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	40	30.5	89.5	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	74	56.5	67.8	68.2
Residents on individually written bowel and bladder retraining program.	45	34.4	5.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	26	19.8	35.2	37.7
Completely bedfast residents.	0	0.0	1.5	3.4
Residents confined to chairs.	26	19.8	48.3	50.8
Residents requiring restraints.	25	19.1	40.5	41.3
Confused or disoriented residents.	96	73.3	57.1	58.4
Residents with bed sores.	6	4.6	6.4	7.1
Residents receiving special skin care.	34	26.0	28.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	NOT MET	8	3.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.9	518	5.5
Each resident is free from mental and physical abuse.	MET	4	1.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	4.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	102	40.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.4	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	3	1.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.8	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	10	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	168	66.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	120	47.2	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	49	19.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	61	24.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	39	15.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	29	11.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	80	31.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	56	22.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	105	41.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	36	14.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	5	2.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	13.8	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	50	19.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	40	15.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	24	9.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	3.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	129	50.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	140	55.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	182	71.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	72	28.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	184	72.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE RIVERVIEW LUTHERAN CARE CENTER

Street Address: E 1841 UPRIVER DRIVE		City and State: SPOKANE WA 99207	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 75	Type of Ownership: NON-PROFIT RELIGIOUS	Survey Date: 03/07/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 68	Medicare Residents: 1	Medicaid Residents: 18
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	64	94.1	80.1	81.5
Dressing				
Residents requiring some or total assistance in dressing.	60	88.2	82.6	83.2
Toileting				
Residents requiring some or total assistance in toileting.	56	82.4	73.3	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	55	80.9	89.5	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	50	73.5	67.8	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	5.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	27	39.7	35.2	37.7
Completely bedfast residents.	0	0.0	1.5	3.4
Residents confined to chairs.	48	70.6	48.3	50.8
Residents requiring restraints.	26	38.2	40.5	41.3
Confused or disoriented residents.	44	64.7	57.1	58.4
Residents with bed sores.	8	11.8	6.4	7.1
Residents receiving special skin care.	10	14.7	28.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	8	3.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.9	518	5.5
Each resident is free from mental and physical abuse.	MET	4	1.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	4.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	102	40.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.4	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	3	1.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.8	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	10	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	168	66.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	120	47.2	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	49	19.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	61	24.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	39	15.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	29	11.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	80	31.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	56	22.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	105	41.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	36	14.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	5	2.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	13.8	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	50	19.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	40	15.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	24	9.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	3.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	129	50.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	140	55.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	182	71.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	72	28.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	184	72.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE ROCKWOOD MANOR INFIRMARY

Street Address: E 2903 25TH AVE		City and State: SPOKANE WA 99223	
Participation: MEDICARE SNF	# of Beds: 48	Type of Ownership: NON-PROFIT RELIGIOUS	Survey Date: 02/25/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 45	Medicare Residents: 0	Medicaid Residents: 0
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	42	93.3	80.1	81.5
Dressing				
Residents requiring some or total assistance in dressing.	44	97.8	82.6	83.2
Toileting				
Residents requiring some or total assistance in toileting.	37	82.2	73.3	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	36	80.0	89.5	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	29	64.4	67.8	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	5.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	16	35.6	35.2	37.7
Completely bedfast residents.	0	0.0	1.5	3.4
Residents confined to chairs.	4	8.9	48.3	50.8
Residents requiring restraints.	10	22.2	40.5	41.3
Confused or disoriented residents.	33	73.3	57.1	58.4
Residents with bed sores.	1	2.2	6.4	7.1
Residents receiving special skin care.	2	4.4	28.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	8	3.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.9	518	5.5
Each resident is free from mental and physical abuse.	MET	4	1.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	11	4.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	102	40.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.4	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	3	1.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.8	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	10	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	168	66.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	120	47.2	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	49	19.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	61	24.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	39	15.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	29	11.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	80	31.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	56	22.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	105	41.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	36	14.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	5	2.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	13.8	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	50	19.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	40	15.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	24	9.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	3.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	129	50.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	140	55.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	182	71.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	72	28.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	184	72.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE SAINT JOSEPH CARE CENTER

Street Address:		City and State:	
WEST 20 NINTH AVE		SPOKANE WA 99204	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID SNF/ICF	103	NON-PROFIT RELIGIOUS	07/08/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
101	0	49

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	72	71.3	80.1	81.5
Dressing				
Residents requiring some or total assistance in dressing.	86	85.1	82.6	83.2
Toileting				
Residents requiring some or total assistance in toileting.	78	77.2	73.3	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	76	75.2	89.5	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	67	66.3	67.8	68.2
Residents on individually written bowel and bladder retraining program.	56	55.4	5.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	31	30.7	35.2	37.7
Completely bedfast residents.	0	0.0	1.5	3.4
Residents confined to chairs.	38	37.6	48.3	50.8
Residents requiring restraints.	53	52.5	40.5	41.3
Confused or disoriented residents.	65	64.4	57.1	58.4
Residents with bed sores.	1	1.0	6.4	7.1
Residents receiving special skin care.	26	25.7	28.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	8	3.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.9	518	5.5
Each resident is free from mental and physical abuse.	MET	4	1.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	4.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	102	40.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.4	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	3	1.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.8	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	10	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	168	66.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	120	47.2	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	49	19.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	61	24.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	39	15.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	29	11.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	80	31.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	56	22.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	105	41.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	36	14.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	5	2.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	13.8	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	50	19.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	15.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	24	9.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	3.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	129	50.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	140	55.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	182	71.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	72	28.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	184	72.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE ST. BRENDAN NURSING HOME

Street Address:		City and State:	
E 17 EIGHTH AVE		SPOKANE WA 99202	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	177	NON-PROFIT RELIGIOUS	07/27/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
136	6	83		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	116	85.3	80.1	81.5
Dressing				
Residents requiring some or total assistance in dressing.	124	91.2	82.6	83.2
Toileting				
Residents requiring some or total assistance in toileting.	116	85.3	73.3	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	130	95.6	89.5	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	118	86.8	67.8	68.2
Residents on individually written bowel and bladder retraining program.	10	7.4	5.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	57	41.9	35.2	37.7
Completely bedfast residents.	4	2.9	1.5	3.4
Residents confined to chairs.	97	71.3	48.3	50.8
Residents requiring restraints.	63	46.3	40.5	41.3
Confused or disoriented residents.	80	58.8	57.1	58.4
Residents with bed sores.	9	6.6	6.4	7.1
Residents receiving special skin care.	22	16.2	28.0	31.2

SELECTED PERFORMANCE INDICATORS

“Facility” column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. “State” and “Nation” columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. “Met” means that the facility is in compliance with the specific requirement. “Not Met” means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	8	3.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.9	518	5.5
Each resident is free from mental and physical abuse.	MET	4	1.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	4.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	102	40.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.4	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	3	1.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.8	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	10	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	168	66.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	120	47.2	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	49	19.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	61	24.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	39	15.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	29	11.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	80	31.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	56	22.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	105	41.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	36	14.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	5	2.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	13.8	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	50	19.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	15.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	24	9.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	3.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	129	50.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	140	55.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	182	71.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	72	28.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	184	72.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE ST. JUDE'S HEALTH CARE CENTRE

Street Address: E 15215 ILLINOIS ST		City and State: SPOKANE WA 99207	
Participation: MEDICAID ICF	# of Beds: 45	Type of Ownership: PROPRIETARY	Survey Date: 07/06/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 43	Medicare Residents: 0	Medicaid Residents: 28	
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	22	51.2	60.0	78.3
Dressing				
Residents requiring some or total assistance in dressing.	22	51.2	50.0	76.7
Toileting				
Residents requiring some or total assistance in toileting.	21	48.8	33.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	16	37.2	39.2	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	22	51.2	34.5	59.1
Residents on individually written bowel and bladder retraining program.	20	46.5	9.9	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	15	34.9	9.0	29.3
Completely bedfast residents.	0	0.0	0.6	3.6
Residents confined to chairs.	5	11.6	8.2	39.1
Residents requiring restraints.	2	4.7	9.6	31.7
Confused or disoriented residents.	29	67.4	53.0	55.8
Residents with bed sores.	1	2.3	2.3	4.7
Residents receiving special skin care.	5	11.6	19.7	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	1	3.4	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	2	6.9	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	3.4	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	3.4	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	0	0.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	8	27.6	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	0	0.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	1	3.4	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	4	13.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	0	0.0	700	12.8

SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	0	0.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	3	10.3	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	2	6.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	14	48.3	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	3	10.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	3.4	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	4	13.8	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	6	20.7	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	2	6.9	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	4	13.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	2	6.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	10.3	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	20	69.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE ST. LUKE'S EXTENDED CARE CENTER

Street Address: EAST 222 5TH AVE		City and State: SPOKANE WA 99210	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 102	Type of Ownership: NON-PROFIT PRIVATE	Survey Date: 12/08/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 89	Medicare Residents: 7	Medicaid Residents: 33
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	88	98.9	80.1	81.5
Dressing				
Residents requiring some or total assistance in dressing.	83	93.3	82.6	83.2
Toileting				
Residents requiring some or total assistance in toileting.	67	75.3	73.3	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	59	66.3	89.5	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	59	66.3	67.8	68.2
Residents on individually written bowel and bladder retraining program.	1	1.1	5.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	30	33.7	35.2	37.7
Completely bedfast residents.	5	5.6	1.5	3.4
Residents confined to chairs.	27	30.3	48.3	50.8
Residents requiring restraints.	32	36.0	40.5	41.3
Confused or disoriented residents.	36	40.4	57.1	58.4
Residents with bed sores.	7	7.9	6.4	7.1
Residents receiving special skin care.	7	7.9	28.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	8	3.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.9	518	5.5
Each resident is free from mental and physical abuse.	MET	4	1.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	4.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	102	40.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.4	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	3	1.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.8	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	10	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	168	66.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	120	47.2	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	49	19.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	61	24.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	39	15.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	29	11.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	80	31.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	56	22.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	105	41.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	36	14.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	5	2.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	13.8	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	50	19.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	15.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	24	9.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	3.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	129	50.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	140	55.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	182	71.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	72	28.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	184	72.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE SUNSHINE GARDENS

Street Address:		City and State:	
E 10410 NINTH AVE		SPOKANE WA 99206	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID ICF	57	PROPRIETARY	02/02/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
45	0	36

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	33	73.3	60.0	78.3
Dressing				
Residents requiring some or total assistance in dressing.	39	86.7	50.0	76.7
Toileting				
Residents requiring some or total assistance in toileting.	25	55.6	33.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	11	24.4	39.2	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	24	53.3	34.5	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	9.9	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	6	13.3	9.0	29.3
Completely bedfast residents.	0	0.0	0.6	3.6
Residents confined to chairs.	9	20.0	8.2	39.1
Residents requiring restraints.	11	24.4	9.6	31.7
Confused or disoriented residents.	39	86.7	53.0	55.8
Residents with bed sores.	0	0.0	2.3	4.7
Residents receiving special skin care.	10	22.2	19.7	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	1	3.4	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	2	6.9	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	3.4	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	3.4	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	0	0.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	8	27.6	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	0	0.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	1	3.4	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	4	13.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	0	0.0	700	12.8

SELECTED PERFORMANCE INDICATORS

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	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	0	0.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	3	10.3	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	2	6.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	14	48.3	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	3	10.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	1	3.4	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	4	13.8	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	6	20.7	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	2	6.9	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	4	13.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	2	6.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	10.3	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	20	69.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE WASHINGTON HEALTHCARE CENTER-UNICREST

Street Address:		City and State:	
S 414 UNIVERSITY RD		SPOKANE WA 99206	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	115	PROPRIETARY	02/03/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
96	2	73		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	86	89.6	80.1	81.5
Dressing				
Residents requiring some or total assistance in dressing.	82	85.4	82.6	83.2
Toileting				
Residents requiring some or total assistance in toileting.	82	85.4	73.3	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	81	84.4	89.5	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	91	94.8	67.8	68.2
Residents on individually written bowel and bladder retraining program.	21	21.9	5.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	51	53.1	35.2	37.7
Completely bedfast residents.	0	0.0	1.5	3.4
Residents confined to chairs.	50	52.1	48.3	50.8
Residents requiring restraints.	30	31.3	40.5	41.3
Confused or disoriented residents.	46	47.9	57.1	58.4
Residents with bed sores.	16	16.7	6.4	7.1
Residents receiving special skin care.	30	31.3	28.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	8	3.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.9	518	5.5
Each resident is free from mental and physical abuse.	MET	4	1.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	4.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	102	40.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.4	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	3	1.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.8	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	10	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	168	66.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	120	47.2	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	49	19.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	61	24.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	39	15.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	29	11.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	80	31.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	56	22.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	105	41.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	36	14.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	5	2.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	13.8	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	50	19.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	40	15.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	24	9.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	3.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	129	50.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	140	55.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	182	71.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	72	28.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	184	72.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE WASHINGTON HEALTHCARE CNTR-NORTHCREST

Street Address:		City and State:	
N 6021 LIDGERWOOD		SPOKANE WA 99207	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	163	PROPRIETARY	12/10/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
156	5	107

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	142	91.0	80.1	81.5
Dressing				
Residents requiring some or total assistance in dressing.	134	85.9	82.6	83.2
Toileting				
Residents requiring some or total assistance in toileting.	117	75.0	73.3	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	117	75.0	89.5	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	125	80.1	67.8	68.2
Residents on individually written bowel and bladder retraining program.	3	1.9	5.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	57	36.5	35.2	37.7
Completely bedfast residents.	2	1.3	1.5	3.4
Residents confined to chairs.	64	41.0	48.3	50.8
Residents requiring restraints.	71	45.5	40.5	41.3
Confused or disoriented residents.	123	78.8	57.1	58.4
Residents with bed sores.	17	10.9	6.4	7.1
Residents receiving special skin care.	28	17.9	28.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	8	3.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.9	518	5.5
Each resident is free from mental and physical abuse.	MET	4	1.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	4.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	102	40.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.4	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	3	1.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.8	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	10	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	168	66.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	120	47.2	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	49	19.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	61	24.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	39	15.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	29	11.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	80	31.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	56	22.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	105	41.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	36	14.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	5	2.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	13.8	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	50	19.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	15.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	24	9.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	3.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	129	50.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	140	55.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	182	71.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	72	28.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	184	72.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE WASHINGTON HEALTHCARE CTR.-SOUTHCREST

Street Address: W 110 CLIFF DRIVE		City and State: SPOKANE WA 99204	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 212	Type of Ownership: PROPRIETARY	Survey Date: 08/24/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 181	Medicare Residents: 3	Medicaid Residents: 134
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	176	97.2	80.1	81.5
Dressing				
Residents requiring some or total assistance in dressing.	174	96.1	82.6	83.2
Toileting				
Residents requiring some or total assistance in toileting.	165	91.2	73.3	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	160	88.4	89.5	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	158	87.3	67.8	68.2
Residents on individually written bowel and bladder retraining program.	9	5.0	5.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	48	26.5	35.2	37.7
Completely bedfast residents.	3	1.7	1.5	3.4
Residents confined to chairs.	137	75.7	48.3	50.8
Residents requiring restraints.	71	39.2	40.5	41.3
Confused or disoriented residents.	101	55.8	57.1	58.4
Residents with bed sores.	19	10.5	6.4	7.1
Residents receiving special skin care.	103	56.9	28.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	8	3.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.9	518	5.5
Each resident is free from mental and physical abuse.	MET	4	1.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	4.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	102	40.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.4	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	3	1.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.8	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	10	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	168	66.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	120	47.2	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	49	19.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	61	24.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	39	15.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	29	11.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	80	31.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	56	22.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	105	41.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	36	14.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	5	2.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	13.8	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	50	19.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	15.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	24	9.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	3.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	129	50.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	140	55.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	182	71.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	72	28.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	184	72.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE WASHINGTON HLTHCARE CTR-VALLEYCREST

Street Address:		City and State:	
EAST 12715 MISSION AVE		SPOKANE WA 99216	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	190	PROPRIETARY	10/12/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
134	9	80

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	81	60.4	80.1	81.5
Dressing				
Residents requiring some or total assistance in dressing.	112	83.6	82.6	83.2
Toileting				
Residents requiring some or total assistance in toileting.	103	76.9	73.3	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	134	100	89.5	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	81	60.4	67.8	68.2
Residents on individually written bowel and bladder retraining program.	7	5.2	5.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	27	20.1	35.2	37.7
Completely bedfast residents.	3	2.2	1.5	3.4
Residents confined to chairs.	38	28.4	48.3	50.8
Residents requiring restraints.	54	40.3	40.5	41.3
Confused or disoriented residents.	63	47.0	57.1	58.4
Residents with bed sores.	7	5.2	6.4	7.1
Residents receiving special skin care.	31	23.1	28.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	8	3.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.9	518	5.5
Each resident is free from mental and physical abuse.	MET	4	1.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	4.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	102	40.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.4	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	3	1.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.8	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	10	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	168	66.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	120	47.2	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	49	19.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	61	24.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	39	15.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	29	11.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	80	31.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	56	22.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	105	41.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	36	14.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	5	2.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	13.8	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	50	19.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	15.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	24	9.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	3.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	129	50.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	140	55.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	182	71.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	72	28.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	184	72.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE JOSEPHINE SUNSET HOME

Street Address: 9901 272ND PLACE N.W.		City and State: STANWOOD WA 98292	
Participation: MEDICAID SNF/ICF	# of Beds: 160	Type of Ownership: NON-PROFIT RELIGIOUS	Survey Date: 10/28/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 156	Medicare Residents: 0	Medicaid Residents: 81
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	140	89.7	80.1	81.5
Dressing				
Residents requiring some or total assistance in dressing.	117	75.0	82.6	83.2
Toileting				
Residents requiring some or total assistance in toileting.	96	61.5	73.3	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	151	96.8	89.5	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	64	41.0	67.8	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	5.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	42	26.9	35.2	37.7
Completely bedfast residents.	1	0.6	1.5	3.4
Residents confined to chairs.	123	78.8	48.3	50.8
Residents requiring restraints.	64	41.0	40.5	41.3
Confused or disoriented residents.	90	57.7	57.1	58.4
Residents with bed sores.	4	2.6	6.4	7.1
Residents receiving special skin care.	10	6.4	28.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	8	3.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.9	518	5.5
Each resident is free from mental and physical abuse.	MET	4	1.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	4.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	102	40.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.4	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	3	1.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.8	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	10	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	168	66.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	120	47.2	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	49	19.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	61	24.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	39	15.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	29	11.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	80	31.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	56	22.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	105	41.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	36	14.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	5	2.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	13.8	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	50	19.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	15.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	24	9.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	3.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	129	50.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	140	55.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	182	71.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	72	28.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	184	72.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE WARM BEACH HEALTH CARE CENTER

Street Address:		City and State:	
20420 MARINE DRIVE N W		STANWOOD WA 98292	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID SNF/ICF	81	NON-PROFIT RELIGIOUS	06/26/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
71	0	71

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	40	56.3	80.1	81.5
Dressing				
Residents requiring some or total assistance in dressing.	55	77.5	82.6	83.2
Toileting				
Residents requiring some or total assistance in toileting.	47	66.2	73.3	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	41	57.7	89.5	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	39	54.9	67.8	68.2
Residents on individually written bowel and bladder retraining program.	1	1.4	5.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	19	26.8	35.2	37.7
Completely bedfast residents.	0	0.0	1.5	3.4
Residents confined to chairs.	21	29.6	48.3	50.8
Residents requiring restraints.	26	36.6	40.5	41.3
Confused or disoriented residents.	46	64.8	57.1	58.4
Residents with bed sores.	4	5.6	6.4	7.1
Residents receiving special skin care.	4	5.6	28.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	8	3.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.9	518	5.5
Each resident is free from mental and physical abuse.	MET	4	1.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	4.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	102	40.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.4	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	3	1.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.8	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	10	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	168	66.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	120	47.2	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	49	19.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	61	24.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	39	15.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	29	11.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	80	31.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	56	22.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	105	41.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	36	14.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	5	2.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	13.8	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	50	19.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	15.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	24	9.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	3.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	129	50.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	140	55.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	182	71.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	72	28.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	184	72.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE HILLCREST MANOR

Street Address: 721 OTIS (P O BOX 876)		City and State: SUNNYSIDE WA 98944	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 84	Type of Ownership: PROPRIETARY	Survey Date: 09/17/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 84	Medicare Residents: 0	Medicaid Residents: 65
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	2	2.4	80.1	81.5
Dressing				
Residents requiring some or total assistance in dressing.	76	90.5	82.6	83.2
Toileting				
Residents requiring some or total assistance in toileting.	64	76.2	73.3	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	69	82.1	89.5	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	63	75.0	67.8	68.2
Residents on individually written bowel and bladder retraining program.	3	3.6	5.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	39	46.4	35.2	37.7
Completely bedfast residents.	2	2.4	1.5	3.4
Residents confined to chairs.	47	56.0	48.3	50.8
Residents requiring restraints.	42	50.0	40.5	41.3
Confused or disoriented residents.	58	69.0	57.1	58.4
Residents with bed sores.	4	4.8	6.4	7.1
Residents receiving special skin care.	11	13.1	28.0	31.2

SELECTED PERFORMANCE INDICATORS

“Facility” column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. “State” and “Nation” columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. “Met” means that the facility is in compliance with the specific requirement. “Not Met” means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	8	3.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.9	518	5.5
Each resident is free from mental and physical abuse.	MET	4	1.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	4.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	102	40.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.4	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	3	1.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.8	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	10	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	168	66.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	120	47.2	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	49	19.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	61	24.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	39	15.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	29	11.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	80	31.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	56	22.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	105	41.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	36	14.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	5	2.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	13.8	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	50	19.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	15.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	24	9.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	3.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	129	50.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	140	55.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	182	71.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	72	28.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	184	72.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE BEL-AIR

Street Address:		City and State:	
630 S PEARL ST		TACOMA WA 98465	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	86	PROPRIETARY	12/07/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
83	1	38

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	41	49.4	80.1	81.5
Dressing				
Residents requiring some or total assistance in dressing.	62	74.7	82.6	83.2
Toileting				
Residents requiring some or total assistance in toileting.	51	61.4	73.3	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	75	90.4	89.5	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	51	61.4	67.8	68.2
Residents on individually written bowel and bladder retraining program.	1	1.2	5.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	27	32.5	35.2	37.7
Completely bedfast residents.	0	0.0	1.5	3.4
Residents confined to chairs.	54	65.1	48.3	50.8
Residents requiring restraints.	21	25.3	40.5	41.3
Confused or disoriented residents.	22	26.5	57.1	58.4
Residents with bed sores.	8	9.6	6.4	7.1
Residents receiving special skin care.	9	10.8	28.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	8	3.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.9	518	5.5
Each resident is free from mental and physical abuse.	MET	4	1.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	4.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	102	40.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.4	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	3	1.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.8	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	10	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	168	66.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	120	47.2	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	49	19.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	61	24.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	39	15.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	29	11.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	80	31.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	56	22.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	105	41.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	36	14.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	5	2.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	13.8	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	50	19.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	15.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	24	9.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	3.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	129	50.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	140	55.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	182	71.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	72	28.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	184	72.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE BELLEVUE CARE CENTER

Street Address: 515 S 64TH ST		City and State: TACOMA WA 98408	
Participation: MEDICAID SNF/ICF	# of Beds: 51	Type of Ownership: PROPRIETARY	Survey Date: 12/21/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 47	Medicare Residents: 0	Medicaid Residents: 37
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	34	72.3	80.1	81.5
Dressing Residents requiring some or total assistance in dressing.	34	72.3	82.6	83.2
Toileting Residents requiring some or total assistance in toileting.	29	61.7	73.3	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	29	61.7	89.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	38	80.9	67.8	68.2
 Residents on individually written bowel and bladder retraining program.	0	0.0	5.6	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	14	29.8	35.2	37.7
 Completely bedfast residents.	0	0.0	1.5	3.4
 Residents confined to chairs.	11	23.4	48.3	50.8
 Residents requiring restraints.	12	25.5	40.5	41.3
 Confused or disoriented residents.	32	68.1	57.1	58.4
 Residents with bed sores.	2	4.3	6.4	7.1
 Residents receiving special skin care.	5	10.6	28.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	8	3.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.9	518	5.5
Each resident is free from mental and physical abuse.	MET	4	1.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	4.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	102	40.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.4	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	3	1.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.8	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	10	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	168	66.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	120	47.2	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	49	19.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	61	24.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	39	15.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	29	11.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	80	31.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	56	22.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	105	41.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	36	14.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	5	2.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	13.8	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	50	19.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	15.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	24	9.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	3.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	129	50.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	140	55.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	182	71.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	72	28.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	184	72.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE BRENTWOOD

Street Address:		City and State:	
1401 N FIFTH ST		TACOMA WA 98403	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID SNF/ICF	50	PROPRIETARY	04/29/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:	
42	0	34	

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	38	90.5	80.1	81.5
Dressing				
Residents requiring some or total assistance in dressing.	34	81.0	82.6	83.2
Toileting				
Residents requiring some or total assistance in toileting.	29	69.0	73.3	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	42	100	89.5	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	28	66.7	67.8	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	5.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	15	35.7	35.2	37.7
Completely bedfast residents.	0	0.0	1.5	3.4
Residents confined to chairs.	11	26.2	48.3	50.8
Residents requiring restraints.	15	35.7	40.5	41.3
Confused or disoriented residents.	36	85.7	57.1	58.4
Residents with bed sores.	3	7.1	6.4	7.1
Residents receiving special skin care.	8	19.0	28.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	NOT MET	8	3.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.9	518	5.5
Each resident is free from mental and physical abuse.	MET	4	1.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	4.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	102	40.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	NOT MET	1	0.4	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	3	1.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.8	49	0.5
Nursing services are provided at all times to meet the needs of residents.	NOT MET	10	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	168	66.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	120	47.2	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	49	19.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	61	24.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	39	15.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	29	11.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	80	31.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	56	22.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	105	41.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	36	14.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	5	2.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	13.8	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	50	19.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	40	15.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	24	9.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	3.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	129	50.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	140	55.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	182	71.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	72	28.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	184	72.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE CLEARVIEW MANOR CONVALESCENT CENTER

Street Address:		City and State:	
6844 PORTLAND AVE		TACOMA WA 98404	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID SNF/ICF	136	PROPRIETARY	08/28/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
110	0	92

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	62	56.4	80.1	81.5
Dressing				
Residents requiring some or total assistance in dressing.	87	79.1	82.6	83.2
Toileting				
Residents requiring some or total assistance in toileting.	66	60.0	73.3	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	105	95.5	89.5	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	68	61.8	67.8	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	5.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	40	36.4	35.2	37.7
Completely bedfast residents.	0	0.0	1.5	3.4
Residents confined to chairs.	63	57.3	48.3	50.8
Residents requiring restraints.	39	35.5	40.5	41.3
Confused or disoriented residents.	45	40.9	57.1	58.4
Residents with bed sores.	10	9.1	6.4	7.1
Residents receiving special skin care.	42	38.2	28.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	NOT MET	8	3.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.9	518	5.5
Each resident is free from mental and physical abuse.	MET	4	1.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	4.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	102	40.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.4	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	3	1.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.8	49	0.5
Nursing services are provided at all times to meet the needs of residents.	NOT MET	10	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	168	66.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	120	47.2	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	49	19.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	61	24.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	39	15.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	29	11.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	80	31.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	56	22.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	105	41.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	36	14.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	5	2.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	13.8	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	50	19.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	40	15.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	24	9.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	3.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	129	50.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	140	55.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	182	71.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	72	28.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	184	72.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE GEORGIAN HOUSE

Street Address: 8407 STEILACOOM BLVD SW		City and State: TACOMA WA 98498	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 73	Type of Ownership: PROPRIETARY	Survey Date: 03/11/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 67	Medicare Residents: 0	Medicaid Residents: 41	
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	53	79.1	80.1	81.5
Dressing				
Residents requiring some or total assistance in dressing.	54	80.6	82.6	83.2
Toileting				
Residents requiring some or total assistance in toileting.	15	22.4	73.3	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	67	100	89.5	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	39	58.2	67.8	68.2
Residents on individually written bowel and bladder retraining program.	1	1.5	5.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	35	52.2	35.2	37.7
Completely bedfast residents.	1	1.5	1.5	3.4
Residents confined to chairs.	50	74.6	48.3	50.8
Residents requiring restraints.	34	50.7	40.5	41.3
Confused or disoriented residents.	46	68.7	57.1	58.4
Residents with bed sores.	2	3.0	6.4	7.1
Residents receiving special skin care.	28	41.8	28.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	8	3.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.9	518	5.5
Each resident is free from mental and physical abuse.	MET	4	1.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	4.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	102	40.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.4	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	3	1.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.8	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	10	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	168	66.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	120	47.2	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	49	19.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	61	24.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	39	15.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	29	11.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	80	31.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	56	22.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	105	41.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	36	14.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	5	2.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	13.8	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	50	19.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	15.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	24	9.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	3.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	129	50.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	140	55.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	182	71.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	72	28.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	184	72.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE HEARTWOOD EXTENDED HEALTH CARE

Street Address: 1649 EAST 72ND ST		City and State: TACOMA WA 98404	
Participation: MEDICAID SNF/ICF	# of Beds: 90	Type of Ownership: PROPRIETARY	Survey Date: 08/21/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 89	Medicare Residents: 0	Medicaid Residents: 68
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	72	80.9	80.1	81.5
Dressing Residents requiring some or total assistance in dressing.	69	77.5	82.6	83.2
Toileting Residents requiring some or total assistance in toileting.	69	77.5	73.3	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	69	77.5	89.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	64	71.9	67.8	68.2
 Residents on individually written bowel and bladder retraining program.	5	5.6	5.6	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	56	62.9	35.2	37.7
 Completely bedfast residents.	0	0.0	1.5	3.4
 Residents confined to chairs.	12	13.5	48.3	50.8
 Residents requiring restraints.	21	23.6	40.5	41.3
 Confused or disoriented residents.	39	43.8	57.1	58.4
 Residents with bed sores.	7	7.9	6.4	7.1
 Residents receiving special skin care.	35	39.3	28.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	8	3.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.9	518	5.5
Each resident is free from mental and physical abuse.	MET	4	1.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	4.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	102	40.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.4	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	3	1.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.8	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	10	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	168	66.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	120	47.2	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	49	19.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	61	24.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	39	15.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	29	11.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	80	31.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	56	22.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	105	41.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	36	14.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	5	2.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	13.8	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	50	19.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	15.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	24	9.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	3.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	129	50.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	140	55.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	182	71.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	72	28.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	184	72.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE HERITAGE

Street Address:		City and State:	
7411 PACIFIC AVE		TACOMA WA 98408	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	89	PROPRIETARY	02/27/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
83	0	42		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	68	81.9	80.1	81.5
Dressing				
Residents requiring some or total assistance in dressing.	64	77.1	82.6	83.2
Toileting				
Residents requiring some or total assistance in toileting.	68	81.9	73.3	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	63	75.9	89.5	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	67	80.7	67.8	68.2
Residents on individually written bowel and bladder retraining program.	3	3.6	5.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	53	63.9	35.2	37.7
Completely bedfast residents.	2	2.4	1.5	3.4
Residents confined to chairs.	27	32.5	48.3	50.8
Residents requiring restraints.	45	54.2	40.5	41.3
Confused or disoriented residents.	56	67.5	57.1	58.4
Residents with bed sores.	4	4.8	6.4	7.1
Residents receiving special skin care.	62	74.7	28.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	8	3.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	10	3.9	518	5.5
Each resident is free from mental and physical abuse.	MET	4	1.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	4.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	102	40.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.4	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	3	1.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.8	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	10	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	168	66.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	120	47.2	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	49	19.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	61	24.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	39	15.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	29	11.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	80	31.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	56	22.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	105	41.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	36	14.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	5	2.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	13.8	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	50	19.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	15.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	24	9.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	3.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	129	50.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	140	55.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	182	71.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	72	28.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	184	72.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE JEFFERSON HOUSE CARE CENTER

Street Address:		City and State:	
1748 JEFFERSON AVENUE		TACOMA WA 98402	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID SNF/ICF	130	PROPRIETARY	08/27/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
115	0	109

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	78	67.8	80.1	81.5
Dressing				
Residents requiring some or total assistance in dressing.	75	65.2	82.6	83.2
Toileting				
Residents requiring some or total assistance in toileting.	27	23.5	73.3	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	4	3.5	89.5	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	16	13.9	67.8	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	5.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	4	3.5	35.2	37.7
Completely bedfast residents.	0	0.0	1.5	3.4
Residents confined to chairs.	0	0.0	48.3	50.8
Residents requiring restraints.	0	0.0	40.5	41.3
Confused or disoriented residents.	110	95.7	57.1	58.4
Residents with bed sores.	0	0.0	6.4	7.1
Residents receiving special skin care.	41	35.7	28.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	8	3.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.9	518	5.5
Each resident is free from mental and physical abuse.	MET	4	1.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	4.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	102	40.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.4	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	3	1.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.8	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	10	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	168	66.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	120	47.2	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	49	19.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	61	24.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	39	15.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	29	11.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	80	31.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	56	22.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	105	41.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	36	14.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	5	2.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	13.8	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	50	19.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	15.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	24	9.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	3.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	129	50.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	140	55.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	182	71.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	72	28.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	184	72.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE MANOR CARE OF MEADOW PARK

Street Address:		City and State:	
5601 S ORCHARD ST		TACOMA WA 98409	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	125	PROPRIETARY	09/24/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
102	5	23		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	78	76.5	80.1	81.5
Dressing				
Residents requiring some or total assistance in dressing.	74	72.5	82.6	83.2
Toileting				
Residents requiring some or total assistance in toileting.	73	71.6	73.3	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	79	77.5	89.5	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	79	77.5	67.8	68.2
Residents on individually written bowel and bladder retraining program.	3	2.9	5.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	32	31.4	35.2	37.7
Completely bedfast residents.	1	1.0	1.5	3.4
Residents confined to chairs.	63	61.8	48.3	50.8
Residents requiring restraints.	41	40.2	40.5	41.3
Confused or disoriented residents.	53	52.0	57.1	58.4
Residents with bed sores.	0	0.0	6.4	7.1
Residents receiving special skin care.	0	0.0	28.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	8	3.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	10	3.9	518	5.5
Each resident is free from mental and physical abuse.	MET	4	1.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	4.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	102	40.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.4	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	3	1.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.8	49	0.5
Nursing services are provided at all times to meet the needs of residents.	NOT MET	10	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	168	66.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	120	47.2	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	49	19.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	61	24.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	39	15.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	29	11.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	80	31.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	56	22.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	105	41.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	36	14.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	5	2.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	13.8	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	50	19.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	40	15.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	24	9.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	3.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	129	50.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	140	55.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	182	71.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	72	28.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	184	72.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE MIDLAND MANOR

Street Address: 10816 PORTLAND AVE		City and State: TACOMA WA 98445	
Participation: MEDICAID ICF	# of Beds: 45	Type of Ownership: NON-PROFIT PRIVATE	Survey Date: 11/06/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 45	Medicare Residents: 0	Medicaid Residents: 21
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	10	22.2	60.0	78.3
Dressing Residents requiring some or total assistance in dressing.	10	22.2	50.0	76.7
Toileting Residents requiring some or total assistance in toileting.	9	20.0	33.4	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	17	37.8	39.2	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	8	17.8	34.5	59.1
Residents on individually written bowel and bladder retraining program.	7	15.6	9.9	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	2	4.4	9.0	29.3
Completely bedfast residents.	0	0.0	0.6	3.6
Residents confined to chairs.	0	0.0	8.2	39.1
Residents requiring restraints.	0	0.0	9.6	31.7
Confused or disoriented residents.	5	11.1	53.0	55.8
Residents with bed sores.	1	2.2	2.3	4.7
Residents receiving special skin care.	9	20.0	19.7	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	1	3.4	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	2	6.9	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	3.4	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	3.4	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	0	0.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	8	27.6	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	0	0.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	1	3.4	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	4	13.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	0	0.0	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	0	0.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	3	10.3	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	2	6.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	14	48.3	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	3	10.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	3.4	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	4	13.8	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	6	20.7	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	2	6.9	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	4	13.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	2	6.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	10.3	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	20	69.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE NORTHWOOD

Street Address:		City and State:	
1415 N FIFTH ST		TACOMA WA 98403	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID ICF	35	PROPRIETARY	03/11/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
30	0	19

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	15	50.0	60.0	78.3
Dressing				
Residents requiring some or total assistance in dressing.	18	60.0	50.0	76.7
Toileting				
Residents requiring some or total assistance in toileting.	6	20.0	33.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	9	30.0	39.2	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	9	30.0	34.5	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	9.9	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	0	0.0	9.0	29.3
Completely bedfast residents.	0	0.0	0.6	3.6
Residents confined to chairs.	0	0.0	8.2	39.1
Residents requiring restraints.	0	0.0	9.6	31.7
Confused or disoriented residents.	20	66.7	53.0	55.8
Residents with bed sores.	0	0.0	2.3	4.7
Residents receiving special skin care.	1	3.3	19.7	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	1	3.4	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	2	6.9	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	3.4	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	3.4	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	0	0.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	8	27.6	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	0	0.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	1	3.4	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	4	13.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	0	0.0	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	0	0.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	3	10.3	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	2	6.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	14	48.3	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	3	10.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	3.4	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	4	13.8	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	6	20.7	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	2	6.9	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	4	13.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	2	6.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	10.3	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	20	69.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE ORCHARD PARK

Street Address:		City and State:	
4755 SOUTH 48TH		TACOMA WA 98409	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	144	PROPRIETARY	06/17/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
136	3	62		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	94	69.1	80.1	81.5
Dressing				
Residents requiring some or total assistance in dressing.	103	75.7	82.6	83.2
Toileting				
Residents requiring some or total assistance in toileting.	108	79.4	73.3	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	108	79.4	89.5	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	99	72.8	67.8	68.2
Residents on individually written bowel and bladder retraining program.	1	0.7	5.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	46	33.8	35.2	37.7
Completely bedfast residents.	5	3.7	1.5	3.4
Residents confined to chairs.	100	73.5	48.3	50.8
Residents requiring restraints.	68	50.0	40.5	41.3
Confused or disoriented residents.	79	58.1	57.1	58.4
Residents with bed sores.	4	2.9	6.4	7.1
Residents receiving special skin care.	44	32.4	28.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	8	3.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.9	518	5.5
Each resident is free from mental and physical abuse.	MET	4	1.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	4.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	102	40.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.4	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	3	1.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.8	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	10	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	168	66.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	120	47.2	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	49	19.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	61	24.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	39	15.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	29	11.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	80	31.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	56	22.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	105	41.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	36	14.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	5	2.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	13.8	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	50	19.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	15.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	24	9.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	3.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	129	50.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	140	55.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	182	71.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	72	28.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	184	72.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE PARK ROSE CARE CENTER

Street Address:		City and State:	
3919 S NINETEENTH ST		TACOMA WA 98405	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	218	PROPRIETARY	09/10/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
146	7	80

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	115	78.8	80.1	81.5
Dressing				
Residents requiring some or total assistance in dressing.	115	78.8	82.6	83.2
Toileting				
Residents requiring some or total assistance in toileting.	115	78.8	73.3	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	98	67.1	89.5	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	107	73.3	67.8	68.2
Residents on individually written bowel and bladder retraining program.	4	2.7	5.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	58	39.7	35.2	37.7
Completely bedfast residents.	0	0.0	1.5	3.4
Residents confined to chairs.	42	28.8	48.3	50.8
Residents requiring restraints.	49	33.6	40.5	41.3
Confused or disoriented residents.	55	37.7	57.1	58.4
Residents with bed sores.	15	10.3	6.4	7.1
Residents receiving special skin care.	6	4.1	28.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	8	3.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.9	518	5.5
Each resident is free from mental and physical abuse.	MET	4	1.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	11	4.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	102	40.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.4	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	3	1.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.8	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	10	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	168	66.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	120	47.2	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	49	19.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	61	24.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	39	15.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	29	11.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	80	31.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	56	22.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	105	41.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	36	14.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	5	2.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	35	13.8	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	50	19.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	15.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	24	9.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	3.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	129	50.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	140	55.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	182	71.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	72	28.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	184	72.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE SHERWOOD TERRACE NURSING CENTER

Street Address: 2102 S 96TH ST		City and State: TACOMA WA 98444	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 236	Type of Ownership: PROPRIETARY	Survey Date: 02/23/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 216	Medicare Residents: 6	Medicaid Residents: 157	
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	165	76.4	80.1	81.5
Dressing				
Residents requiring some or total assistance in dressing.	196	90.7	82.6	83.2
Toileting				
Residents requiring some or total assistance in toileting.	186	86.1	73.3	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	216	100	89.5	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	167	77.3	67.8	68.2
Residents on individually written bowel and bladder retraining program.	3	1.4	5.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	66	30.6	35.2	37.7
Completely bedfast residents.	4	1.9	1.5	3.4
Residents confined to chairs.	162	75.0	48.3	50.8
Residents requiring restraints.	89	41.2	40.5	41.3
Confused or disoriented residents.	53	24.5	57.1	58.4
Residents with bed sores.	13	6.0	6.4	7.1
Residents receiving special skin care.	72	33.3	28.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	NOT MET	8	3.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.9	518	5.5
Each resident is free from mental and physical abuse.	MET	4	1.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	4.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	102	40.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.4	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	3	1.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.8	49	0.5
Nursing services are provided at all times to meet the needs of residents.	NOT MET	10	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	168	66.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	120	47.2	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	49	19.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	61	24.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	39	15.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	29	11.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	80	31.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	56	22.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	105	41.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	36	14.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	5	2.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	13.8	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	50	19.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	40	15.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	24	9.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	3.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	129	50.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	140	55.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	182	71.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	72	28.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	184	72.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE TACOMA LUTHERAN HOME

Street Address:		City and State:	
1301 HIGHLANDS PARKWAY N		TACOMA WA 98406	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID SNF/ICF	220	NON-PROFIT RELIGIOUS	07/15/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
213	0	126		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	186	87.3	80.1	81.5
Dressing				
Residents requiring some or total assistance in dressing.	150	70.4	82.6	83.2
Toileting				
Residents requiring some or total assistance in toileting.	129	60.6	73.3	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	138	64.8	89.5	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	139	65.3	67.8	68.2
Residents on individually written bowel and bladder retraining program.	48	22.5	5.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	149	70.0	35.2	37.7
Completely bedfast residents.	2	0.9	1.5	3.4
Residents confined to chairs.	97	45.5	48.3	50.8
Residents requiring restraints.	79	37.1	40.5	41.3
Confused or disoriented residents.	125	58.7	57.1	58.4
Residents with bed sores.	13	6.1	6.4	7.1
Residents receiving special skin care.	29	13.6	28.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	8	3.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.9	518	5.5
Each resident is free from mental and physical abuse.	MET	4	1.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	4.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	102	40.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.4	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	3	1.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.8	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	10	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	168	66.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	120	47.2	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	49	19.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	61	24.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	39	15.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	29	11.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	80	31.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	56	22.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	105	41.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	36	14.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	5	2.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	13.8	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	50	19.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	40	15.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	24	9.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	3.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	129	50.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	140	55.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	182	71.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	72	28.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	184	72.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE TACOMA NARROWS

Street Address:		City and State:	
5954 N 26TH ST		TACOMA WA 98407	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID SNF/ICF	86	PROPRIETARY	12/18/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:	
78	0	66	

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	54	69.2	80.1	81.5
Dressing				
Residents requiring some or total assistance in dressing.	57	73.1	82.6	83.2
Toileting				
Residents requiring some or total assistance in toileting.	48	61.5	73.3	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	78	100	89.5	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	52	66.7	67.8	68.2
Residents on individually written bowel and bladder retraining program.	1	1.3	5.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	21	26.9	35.2	37.7
Completely bedfast residents.	0	0.0	1.5	3.4
Residents confined to chairs.	50	64.1	48.3	50.8
Residents requiring restraints.	24	30.8	40.5	41.3
Confused or disoriented residents.	41	52.6	57.1	58.4
Residents with bed sores.	3	3.8	6.4	7.1
Residents receiving special skin care.	6	7.7	28.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	8	3.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	10	3.9	518	5.5
Each resident is free from mental and physical abuse.	MET	4	1.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	4.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	102	40.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.4	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	3	1.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.8	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	10	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	168	66.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	120	47.2	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	49	19.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	61	24.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	39	15.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	29	11.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	80	31.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	56	22.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	105	41.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	36	14.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	5	2.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	13.8	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	50	19.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	15.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	24	9.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	3.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	129	50.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	140	55.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	182	71.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	72	28.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	184	72.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE TACOMA TERRACE CONVALESCENT CENTER

Street Address:		City and State:	
3625 E B ST		TACOMA WA 98404	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	139	PROPRIETARY	10/21/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
130	0	120		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	110	84.6	80.1	81.5
Dressing				
Residents requiring some or total assistance in dressing.	118	90.8	82.6	83.2
Toileting				
Residents requiring some or total assistance in toileting.	118	90.8	73.3	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	113	86.9	89.5	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	113	86.9	67.8	68.2
Residents on individually written bowel and bladder retraining program.	4	3.1	5.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	74	56.9	35.2	37.7
Completely bedfast residents.	1	0.8	1.5	3.4
Residents confined to chairs.	80	61.5	48.3	50.8
Residents requiring restraints.	60	46.2	40.5	41.3
Confused or disoriented residents.	98	75.4	57.1	58.4
Residents with bed sores.	7	5.4	6.4	7.1
Residents receiving special skin care.	52	40.0	28.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	8	3.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.9	518	5.5
Each resident is free from mental and physical abuse.	MET	4	1.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	4.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	102	40.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.4	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	3	1.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	NOT MET	7	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.8	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	10	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	168	66.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	120	47.2	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	49	19.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	61	24.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	39	15.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	29	11.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	80	31.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	56	22.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	105	41.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	36	14.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	5	2.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	13.8	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	50	19.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	15.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	24	9.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	3.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	129	50.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	140	55.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	182	71.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	72	28.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	184	72.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE VIEWCREST CONVALESCENT CENTER

Street Address:		City and State:	
4810 S WILKESON ST		TACOMA WA 98408	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID SNF/ICF	106	PROPRIETARY	11/24/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:	
88	0	85	

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	72	81.8	80.1	81.5
Dressing				
Residents requiring some or total assistance in dressing.	57	64.8	82.6	83.2
Toileting				
Residents requiring some or total assistance in toileting.	61	69.3	73.3	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	45	51.1	89.5	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	48	54.5	67.8	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	5.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	24	27.3	35.2	37.7
Completely bedfast residents.	1	1.1	1.5	3.4
Residents confined to chairs.	34	38.6	48.3	50.8
Residents requiring restraints.	29	33.0	40.5	41.3
Confused or disoriented residents.	35	39.8	57.1	58.4
Residents with bed sores.	5	5.7	6.4	7.1
Residents receiving special skin care.	24	27.3	28.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	8	3.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.9	518	5.5
Each resident is free from mental and physical abuse.	MET	4	1.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	11	4.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	102	40.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.4	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	3	1.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.8	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	10	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	168	66.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	120	47.2	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	49	19.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	61	24.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	39	15.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	29	11.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	80	31.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	56	22.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	105	41.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	36	14.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	5	2.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	13.8	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	50	19.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	15.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	24	9.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	3.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	129	50.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	140	55.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	182	71.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	72	28.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	184	72.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE TEKOA CARE CENTER

Street Address: ROUTE 1 BOX 350		City and State: TEKOA WA 99033	
Participation: MEDICAID SNF/ICF	# of Beds: 62	Type of Ownership: PROPRIETARY	Survey Date: 02/01/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 56	Medicare Residents: 0	Medicaid Residents: 24		
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	45	80.4	80.1	81.5
Dressing				
Residents requiring some or total assistance in dressing.	49	87.5	82.6	83.2
Toileting				
Residents requiring some or total assistance in toileting.	42	75.0	73.3	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	41	73.2	89.5	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	34	60.7	67.8	68.2
Residents on individually written bowel and bladder retraining program.	2	3.6	5.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	24	42.9	35.2	37.7
Completely bedfast residents.	0	0.0	1.5	3.4
Residents confined to chairs.	35	62.5	48.3	50.8
Residents requiring restraints.	33	58.9	40.5	41.3
Confused or disoriented residents.	34	60.7	57.1	58.4
Residents with bed sores.	3	5.4	6.4	7.1
Residents receiving special skin care.	9	16.1	28.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	8	3.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.9	518	5.5
Each resident is free from mental and physical abuse.	MET	4	1.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	4.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	102	40.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.4	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	3	1.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.8	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	10	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	168	66.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	120	47.2	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	49	19.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	61	24.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	39	15.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	29	11.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	80	31.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	56	22.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	105	41.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	36	14.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	5	2.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	13.8	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	50	19.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	15.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	24	9.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	3.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	129	50.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	140	55.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	182	71.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	72	28.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	184	72.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE NORTH VALLEY HOSPITAL

Street Address:		City and State:	
SECOND & WESTERN (P O BOX E)		TONASKET WA 98855	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID SNF/ICF	70	FEDERAL GOVERNMENT	06/17/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
70	0	54

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	55	78.6	80.1	81.5
Dressing				
Residents requiring some or total assistance in dressing.	49	70.0	82.6	83.2
Toileting				
Residents requiring some or total assistance in toileting.	38	54.3	73.3	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	36	51.4	89.5	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	39	55.7	67.8	68.2
Residents on individually written bowel and bladder retraining program.	8	11.4	5.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	15	21.4	35.2	37.7
Completely bedfast residents.	0	0.0	1.5	3.4
Residents confined to chairs.	40	57.1	48.3	50.8
Residents requiring restraints.	20	28.6	40.5	41.3
Confused or disoriented residents.	55	78.6	57.1	58.4
Residents with bed sores.	2	2.9	6.4	7.1
Residents receiving special skin care.	15	21.4	28.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	8	3.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.9	518	5.5
Each resident is free from mental and physical abuse.	MET	4	1.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	4.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	102	40.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.4	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	3	1.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.8	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	10	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	168	66.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	120	47.2	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	49	19.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	61	24.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	39	15.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	29	11.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	80	31.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	56	22.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	105	41.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	36	14.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	5	2.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	35	13.8	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	50	19.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	40	15.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	24	9.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	3.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	129	50.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	140	55.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	182	71.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	72	28.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	184	72.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE MOUNTAIN VISTA NURSING HOME

Street Address: 802 W THIRD ST (P O BOX 352)		City and State: TOPPENISH WA 98948	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 125	Type of Ownership: PROPRIETARY	Survey Date: 09/10/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 122	Medicare Residents: 1	Medicaid Residents: 111
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	121	99.2	80.1	81.5
Dressing Residents requiring some or total assistance in dressing.	106	86.9	82.6	83.2
Toileting Residents requiring some or total assistance in toileting.	90	73.8	73.3	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	90	73.8	89.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	77	63.1	67.8	68.2
 Residents on individually written bowel and bladder retraining program.	1	0.8	5.6	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	39	32.0	35.2	37.7
 Completely bedfast residents.	5	4.1	1.5	3.4
 Residents confined to chairs.	63	51.6	48.3	50.8
 Residents requiring restraints.	35	28.7	40.5	41.3
 Confused or disoriented residents.	60	49.2	57.1	58.4
 Residents with bed sores.	6	4.9	6.4	7.1
 Residents receiving special skin care.	25	20.5	28.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	NOT MET	8	3.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.9	518	5.5
Each resident is free from mental and physical abuse.	MET	4	1.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	11	4.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	102	40.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.4	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	3	1.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.8	49	0.5
Nursing services are provided at all times to meet the needs of residents.	NOT MET	10	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	168	66.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	120	47.2	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	49	19.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	61	24.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	39	15.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	29	11.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	80	31.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	56	22.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	105	41.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	36	14.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	5	2.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	13.8	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	50	19.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	40	15.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	24	9.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	3.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	129	50.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	140	55.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	182	71.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	72	28.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	184	72.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE PARKSIDE NURSING CARE CENTER

Street Address: 309 W PINE ST		City and State: UNION GAP WA 98903	
Participation: MEDICAID SNF/ICF	# of Beds: 88	Type of Ownership: PROPRIETARY	Survey Date: 09/02/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 84	Medicare Residents: 0	Medicaid Residents: 74	
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	84	100	80.1	81.5
Dressing Residents requiring some or total assistance in dressing.	59	70.2	82.6	83.2
Toileting Residents requiring some or total assistance in toileting.	62	73.8	73.3	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	61	72.6	89.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	66	78.6	67.8	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	5.6	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	28	33.3	35.2	37.7
Completely bedfast residents.	0	0.0	1.5	3.4
Residents confined to chairs.	56	66.7	48.3	50.8
Residents requiring restraints.	46	54.8	40.5	41.3
Confused or disoriented residents.	55	65.5	57.1	58.4
Residents with bed sores.	1	1.2	6.4	7.1
Residents receiving special skin care.	26	31.0	28.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	8	3.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.9	518	5.5
Each resident is free from mental and physical abuse.	MET	4	1.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	11	4.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	102	40.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.4	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	3	1.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.8	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	10	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	168	66.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	120	47.2	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	49	19.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	61	24.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	39	15.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	29	11.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	80	31.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	56	22.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	105	41.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	36	14.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	5	2.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	35	13.8	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	50	19.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	15.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	24	9.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	3.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	129	50.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	140	55.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	182	71.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	72	28.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	184	72.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE EMERALD TERRACE NURSING CENTER

Street Address: 1015 N GARRISON RD		City and State: VANCOUVER WA 98664	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 152	Type of Ownership: PROPRIETARY	Survey Date: 08/07/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 152	Medicare Residents: 1	Medicaid Residents: 123
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	124	81.6	80.1	81.5
Dressing				
Residents requiring some or total assistance in dressing.	127	83.6	82.6	83.2
Toileting				
Residents requiring some or total assistance in toileting.	113	74.3	73.3	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	87	57.2	89.5	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	109	71.7	67.8	68.2
Residents on individually written bowel and bladder retraining program.	5	3.3	5.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	43	28.3	35.2	37.7
Completely bedfast residents.	0	0.0	1.5	3.4
Residents confined to chairs.	88	57.9	48.3	50.8
Residents requiring restraints.	68	44.7	40.5	41.3
Confused or disoriented residents.	86	56.6	57.1	58.4
Residents with bed sores.	9	5.9	6.4	7.1
Residents receiving special skin care.	71	46.7	28.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	8	3.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.9	518	5.5
Each resident is free from mental and physical abuse.	MET	4	1.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	4.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	102	40.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.4	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	3	1.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.8	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	10	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	168	66.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	120	47.2	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	49	19.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	61	24.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	39	15.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	29	11.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	80	31.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	56	22.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	105	41.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	36	14.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	5	2.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	13.8	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	50	19.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	15.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	24	9.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	3.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	129	50.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	140	55.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	182	71.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	72	28.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	184	72.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE FORT VANCOUVER CONVALESCENT CENTER

Street Address: 804 NE 87TH AVE		City and State: VANCOUVER WA 98664	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 92	Type of Ownership: PROPRIETARY	Survey Date: 10/09/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 90	Medicare Residents: 9	Medicaid Residents: 48		
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	82	91.1	80.1	81.5
Dressing Residents requiring some or total assistance in dressing.	86	95.6	82.6	83.2
Toileting Residents requiring some or total assistance in toileting.	82	91.1	73.3	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	83	92.2	89.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	66	73.3	67.8	68.2
Residents on individually written bowel and bladder retraining program.	5	5.6	5.6	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	41	45.6	35.2	37.7
Completely bedfast residents.	2	2.2	1.5	3.4
Residents confined to chairs.	65	72.2	48.3	50.8
Residents requiring restraints.	41	45.6	40.5	41.3
Confused or disoriented residents.	47	52.2	57.1	58.4
Residents with bed sores.	10	11.1	6.4	7.1
Residents receiving special skin care.	14	15.6	28.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	8	3.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.9	518	5.5
Each resident is free from mental and physical abuse.	MET	4	1.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	4.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	102	40.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.4	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	3	1.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.8	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	10	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	168	66.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	120	47.2	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	49	19.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	61	24.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	39	15.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	29	11.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	80	31.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	56	22.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	105	41.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	36	14.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	5	2.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	13.8	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	50	19.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	15.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	24	9.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	3.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	129	50.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	140	55.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	182	71.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	72	28.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	184	72.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE HILLHAVEN CONVALESCENT CENTER

Street Address: 400 E 33RD STREET		City and State: VANCOUVER WA 98663	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 98	Type of Ownership: PROPRIETARY	Survey Date: 01/27/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 98	Medicare Residents: 0	Medicaid Residents: 62	
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	63	64.3	80.1	81.5
Dressing				
Residents requiring some or total assistance in dressing.	88	89.8	82.6	83.2
Toileting				
Residents requiring some or total assistance in toileting.	76	77.6	73.3	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	80	81.6	89.5	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	49	50.0	67.8	68.2
Residents on individually written bowel and bladder retraining program.	5	5.1	5.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	28	28.6	35.2	37.7
Completely bedfast residents.	0	0.0	1.5	3.4
Residents confined to chairs.	40	40.8	48.3	50.8
Residents requiring restraints.	50	51.0	40.5	41.3
Confused or disoriented residents.	39	39.8	57.1	58.4
Residents with bed sores.	3	3.1	6.4	7.1
Residents receiving special skin care.	12	12.2	28.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	8	3.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.9	518	5.5
Each resident is free from mental and physical abuse.	MET	4	1.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	4.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	102	40.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.4	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	3	1.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	NOT MET	7	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.8	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	10	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	168	66.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	120	47.2	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	49	19.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	61	24.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	39	15.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	29	11.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	80	31.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	56	22.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	105	41.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	36	14.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	5	2.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	13.8	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	50	19.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	15.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	24	9.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	3.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	129	50.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	140	55.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	182	71.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	72	28.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	184	72.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE HILLHAVEN NURSING HOME

Street Address: 3605 Y STREET		City and State: VANCOUVER WA 98663	
Participation: MEDICAID SNF/ICF	# of Beds: 53	Type of Ownership: PROPRIETARY	Survey Date: 01/23/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 52	Medicare Residents: 0	Medicaid Residents: 41	
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	49	94.2	80.1	81.5
Dressing				
Residents requiring some or total assistance in dressing.	46	88.5	82.6	83.2
Toileting				
Residents requiring some or total assistance in toileting.	41	78.8	73.3	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	35	67.3	89.5	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	37	71.2	67.8	68.2
Residents on individually written bowel and bladder retraining program.	2	3.8	5.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	19	36.5	35.2	37.7
Completely bedfast residents.	1	1.9	1.5	3.4
Residents confined to chairs.	38	73.1	48.3	50.8
Residents requiring restraints.	20	38.5	40.5	41.3
Confused or disoriented residents.	34	65.4	57.1	58.4
Residents with bed sores.	8	15.4	6.4	7.1
Residents receiving special skin care.	8	15.4	28.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	8	3.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.9	518	5.5
Each resident is free from mental and physical abuse.	MET	4	1.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	4.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	102	40.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.4	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	3	1.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.8	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	10	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	168	66.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	120	47.2	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	49	19.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	61	24.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	39	15.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	29	11.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	80	31.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	56	22.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	105	41.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	36	14.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	5	2.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	13.8	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	50	19.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	15.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	24	9.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	3.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	129	50.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	140	55.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	182	71.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	72	28.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	184	72.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE OREGON-WASHINGTON PYTHIAN HOME

Street Address:		City and State:	
3409 MAIN ST		VANCOUVER WA 98663	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID SNF/ICF	34	NON-PROFIT OTHER	04/29/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:	
31	0	26	

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	31	100	80.1	81.5
Dressing				
Residents requiring some or total assistance in dressing.	29	93.5	82.6	83.2
Toileting				
Residents requiring some or total assistance in toileting.	19	61.3	73.3	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	19	61.3	89.5	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	14	45.2	67.8	68.2
Residents on individually written bowel and bladder retraining program.	2	6.5	5.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	8	25.8	35.2	37.7
Completely bedfast residents.	0	0.0	1.5	3.4
Residents confined to chairs.	16	51.6	48.3	50.8
Residents requiring restraints.	7	22.6	40.5	41.3
Confused or disoriented residents.	10	32.3	57.1	58.4
Residents with bed sores.	0	0.0	6.4	7.1
Residents receiving special skin care.	3	9.7	28.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	8	3.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.9	518	5.5
Each resident is free from mental and physical abuse.	MET	4	1.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	4.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	102	40.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.4	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	3	1.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.8	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	10	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	168	66.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	120	47.2	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	49	19.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	61	24.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	39	15.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	29	11.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	80	31.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	56	22.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	105	41.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	36	14.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	5	2.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	35	13.8	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	50	19.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	15.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	24	9.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	3.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	129	50.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	140	55.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	182	71.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	72	28.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	184	72.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE ROSE VISTA NURSING CENTER

Street Address:		City and State:	
5001 COLUMBIA DRIVE		VANCOUVER WA 98661	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	237	PROPRIETARY	03/10/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
209	1	182		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	127	60.8	80.1	81.5
Dressing				
Residents requiring some or total assistance in dressing.	195	93.3	82.6	83.2
Toileting				
Residents requiring some or total assistance in toileting.	168	80.4	73.3	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	128	61.2	89.5	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	160	76.6	67.8	68.2
Residents on individually written bowel and bladder retraining program.	6	2.9	5.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	60	28.7	35.2	37.7
Completely bedfast residents.	0	0.0	1.5	3.4
Residents confined to chairs.	91	43.5	48.3	50.8
Residents requiring restraints.	81	38.8	40.5	41.3
Confused or disoriented residents.	123	58.9	57.1	58.4
Residents with bed sores.	7	3.3	6.4	7.1
Residents receiving special skin care.	135	64.6	28.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	8	3.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.9	518	5.5
Each resident is free from mental and physical abuse.	MET	4	1.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	4.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	102	40.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.4	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	3	1.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.8	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	10	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	168	66.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	120	47.2	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	49	19.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	61	24.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	39	15.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	29	11.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	80	31.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	56	22.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	105	41.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	36	14.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	5	2.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	13.8	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	50	19.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	15.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	24	9.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	3.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	129	50.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	140	55.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	182	71.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	72	28.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	184	72.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE WHISPERING PINES CARE CENTER

Street Address:		City and State:	
5220 HAZEL DELL AVE NE		VANCOUVER WA 98663	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID SNF/ICF	89	PROPRIETARY	04/01/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
63	0	63		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	53	84.1	80.1	81.5
Dressing				
Residents requiring some or total assistance in dressing.	52	82.5	82.6	83.2
Toileting				
Residents requiring some or total assistance in toileting.	41	65.1	73.3	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	39	61.9	89.5	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	41	65.1	67.8	68.2
Residents on individually written bowel and bladder retraining program.	5	7.9	5.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	24	38.1	35.2	37.7
Completely bedfast residents.	0	0.0	1.5	3.4
Residents confined to chairs.	16	25.4	48.3	50.8
Residents requiring restraints.	28	44.4	40.5	41.3
Confused or disoriented residents.	33	52.4	57.1	58.4
Residents with bed sores.	6	9.5	6.4	7.1
Residents receiving special skin care.	29	46.0	28.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	8	3.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.9	518	5.5
Each resident is free from mental and physical abuse.	MET	4	1.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	4.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	102	40.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.4	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	3	1.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.8	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	10	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	168	66.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	120	47.2	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	49	19.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	61	24.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	39	15.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	29	11.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	80	31.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	56	22.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	105	41.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	36	14.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	5	2.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	13.8	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	50	19.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	15.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	24	9.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	3.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	129	50.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	140	55.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	182	71.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	72	28.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	184	72.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE ISLAND MANOR NURSING CENTER

Street Address: 15401 99TH AVE SW (RTE 1, BOX 20)		City and State: VASHON ISLAND WA 98070	
Participation: MEDICAID SNF/ICF	# of Beds: 52	Type of Ownership: PROPRIETARY	Survey Date: 01/29/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 48	Medicare Residents: 0	Medicaid Residents: 37		
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	41	85.4	80.1	81.5
Dressing				
Residents requiring some or total assistance in dressing.	41	85.4	82.6	83.2
Toileting				
Residents requiring some or total assistance in toileting.	40	83.3	73.3	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	46	95.8	89.5	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	36	75.0	67.8	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	5.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	22	45.8	35.2	37.7
Completely bedfast residents.	1	2.1	1.5	3.4
Residents confined to chairs.	21	43.8	48.3	50.8
Residents requiring restraints.	15	31.3	40.5	41.3
Confused or disoriented residents.	38	79.2	57.1	58.4
Residents with bed sores.	1	2.1	6.4	7.1
Residents receiving special skin care.	38	79.2	28.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	8	3.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.9	518	5.5
Each resident is free from mental and physical abuse.	MET	4	1.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	4.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	102	40.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.4	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	3	1.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.8	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	10	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	168	66.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	120	47.2	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	49	19.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	61	24.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	39	15.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	29	11.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	80	31.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	56	22.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	105	41.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	36	14.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	5	2.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	13.8	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	50	19.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	15.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	24	9.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	3.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	129	50.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	140	55.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	182	71.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	72	28.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	184	72.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE PARK MANOR CONVALESCENT CENTER

Street Address: 1710 PLAZA WAY		City and State: WALLA WALLA WA 99362	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 84	Type of Ownership: PROPRIETARY	Survey Date: 06/16/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 76	Medicare Residents: 2	Medicaid Residents: 42	
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	62	81.6	80.1	81.5
Dressing				
Residents requiring some or total assistance in dressing.	62	81.6	82.6	83.2
Toileting				
Residents requiring some or total assistance in toileting.	58	76.3	73.3	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	76	100	89.5	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	60	78.9	67.8	68.2
Residents on individually written bowel and bladder retraining program.	1	1.3	5.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	22	28.9	35.2	37.7
Completely bedfast residents.	1	1.3	1.5	3.4
Residents confined to chairs.	24	31.6	48.3	50.8
Residents requiring restraints.	28	36.8	40.5	41.3
Confused or disoriented residents.	46	60.5	57.1	58.4
Residents with bed sores.	4	5.3	6.4	7.1
Residents receiving special skin care.	19	25.0	28.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	8	3.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.9	518	5.5
Each resident is free from mental and physical abuse.	MET	4	1.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	4.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	102	40.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.4	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	3	1.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.8	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	10	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	168	66.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	120	47.2	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	49	19.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	61	24.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	39	15.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	29	11.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	80	31.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	56	22.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	105	41.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	36	14.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	5	2.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	13.8	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	50	19.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	15.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	24	9.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	3.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	129	50.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	140	55.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	182	71.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	72	28.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	184	72.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE PLEASANT VIEW NURSING HOME

Street Address: ROUTE 5 BOX 31		City and State: WALLA WALLA WA 99362	
Participation: MEDICAID ICF	# of Beds: 17	Type of Ownership: PROPRIETARY	Survey Date: 11/12/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 13	Medicare Residents: 0	Medicaid Residents: 2	
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	8	61.5	60.0	78.3
Dressing				
Residents requiring some or total assistance in dressing.	7	53.8	50.0	76.7
Toileting				
Residents requiring some or total assistance in toileting.	6	46.2	33.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	5	38.5	39.2	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	6	46.2	34.5	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	9.9	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	4	30.8	9.0	29.3
Completely bedfast residents.	0	0.0	0.6	3.6
Residents confined to chairs.	1	7.7	8.2	39.1
Residents requiring restraints.	0	0.0	9.6	31.7
Confused or disoriented residents.	0	0.0	53.0	55.8
Residents with bed sores.	4	30.8	2.3	4.7
Residents receiving special skin care.	1	7.7	19.7	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	1	3.4	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	2	6.9	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	3.4	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	NOT MET	1	3.4	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	0	0.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	8	27.6	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	0	0.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	1	3.4	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	4	13.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	0	0.0	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	0	0.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	3	10.3	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	2	6.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	14	48.3	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	3	10.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	3.4	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	4	13.8	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	6	20.7	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	2	6.9	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	4	13.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	2	6.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	10.3	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	20	69.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE REGENCY CARE CENTER OF WALLA WALLA

Street Address: 225 WOODLAND AVENUE		City and State: WALLA WALLA WA 99362	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 102	Type of Ownership: PROPRIETARY	Survey Date: 01/07/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 85	Medicare Residents: 0	Medicaid Residents: 60	
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	77	90.6	80.1	81.5
Dressing				
Residents requiring some or total assistance in dressing.	73	85.9	82.6	83.2
Toileting				
Residents requiring some or total assistance in toileting.	61	71.8	73.3	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	65	76.5	89.5	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	42	49.4	67.8	68.2
Residents on individually written bowel and bladder retraining program.	1	1.2	5.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	25	29.4	35.2	37.7
Completely bedfast residents.	0	0.0	1.5	3.4
Residents confined to chairs.	23	27.1	48.3	50.8
Residents requiring restraints.	23	27.1	40.5	41.3
Confused or disoriented residents.	61	71.8	57.1	58.4
Residents with bed sores.	4	4.7	6.4	7.1
Residents receiving special skin care.	21	24.7	28.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	8	3.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.9	518	5.5
Each resident is free from mental and physical abuse.	MET	4	1.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	4.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	102	40.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.4	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	3	1.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.8	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	10	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	168	66.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	120	47.2	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	49	19.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	61	24.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	39	15.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	29	11.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	80	31.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	56	22.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	105	41.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	36	14.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	5	2.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	35	13.8	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	50	19.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	40	15.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	24	9.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	3.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	129	50.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	140	55.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	182	71.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	72	28.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	184	72.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE SMITH NURSING HOME

Street Address:		City and State:	
1865 E ALDER		WALLA WALLA WA 99362	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID SNF/ICF	74	PROPRIETARY	09/17/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
60	0	27		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	36	60.0	80.1	81.5
Dressing				
Residents requiring some or total assistance in dressing.	46	76.7	82.6	83.2
Toileting				
Residents requiring some or total assistance in toileting.	39	65.0	73.3	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	36	60.0	89.5	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	36	60.0	67.8	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	5.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	15	25.0	35.2	37.7
Completely bedfast residents.	2	3.3	1.5	3.4
Residents confined to chairs.	7	11.7	48.3	50.8
Residents requiring restraints.	14	23.3	40.5	41.3
Confused or disoriented residents.	17	28.3	57.1	58.4
Residents with bed sores.	1	1.7	6.4	7.1
Residents receiving special skin care.	8	13.3	28.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	8	3.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.9	518	5.5
Each resident is free from mental and physical abuse.	MET	4	1.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	4.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	102	40.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.4	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	3	1.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.8	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	10	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	168	66.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	120	47.2	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	49	19.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	61	24.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	39	15.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	29	11.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	80	31.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	56	22.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	105	41.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	36	14.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	5	2.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	13.8	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	50	19.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	15.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	24	9.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	3.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	129	50.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	140	55.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	182	71.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	72	28.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	184	72.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE WASHINGTON ODD FELLOWS HOME

Street Address:		City and State:	
534 BOYER AVE		WALLA WALLA WA 99362	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID SNF/ICF	100	NON-PROFIT OTHER	10/07/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
99	0	41		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	90	90.9	80.1	81.5
Dressing				
Residents requiring some or total assistance in dressing.	94	94.9	82.6	83.2
Toileting				
Residents requiring some or total assistance in toileting.	90	90.9	73.3	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	99	100	89.5	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	65	65.7	67.8	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	5.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	23	23.2	35.2	37.7
Completely bedfast residents.	0	0.0	1.5	3.4
Residents confined to chairs.	46	46.5	48.3	50.8
Residents requiring restraints.	41	41.4	40.5	41.3
Confused or disoriented residents.	46	46.5	57.1	58.4
Residents with bed sores.	2	2.0	6.4	7.1
Residents receiving special skin care.	27	27.3	28.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	8	3.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.9	518	5.5
Each resident is free from mental and physical abuse.	MET	4	1.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	4.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	102	40.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.4	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	3	1.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.8	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	10	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	168	66.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	120	47.2	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	49	19.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	61	24.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	39	15.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	29	11.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	80	31.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	56	22.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	105	41.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	36	14.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	5	2.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	13.8	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	50	19.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	15.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	24	9.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	3.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	129	50.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	140	55.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	182	71.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	72	28.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	184	72.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE EMERALD CIRCLE CONVALESCENT CENTER

Street Address:		City and State:	
209 N AHTANUM AVE		WAPATO WA 98951	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	82	PROPRIETARY	02/25/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
69	1	59		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	49	71.0	80.1	81.5
Dressing				
Residents requiring some or total assistance in dressing.	35	50.7	82.6	83.2
Toileting				
Residents requiring some or total assistance in toileting.	43	62.3	73.3	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	69	100	89.5	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	43	62.3	67.8	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	5.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	46	66.7	35.2	37.7
Completely bedfast residents.	0	0.0	1.5	3.4
Residents confined to chairs.	22	31.9	48.3	50.8
Residents requiring restraints.	20	29.0	40.5	41.3
Confused or disoriented residents.	43	62.3	57.1	58.4
Residents with bed sores.	0	0.0	6.4	7.1
Residents receiving special skin care.	0	0.0	28.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	8	3.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.9	518	5.5
Each resident is free from mental and physical abuse.	MET	4	1.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	4.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	102	40.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.4	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	3	1.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.8	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	10	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	168	66.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	120	47.2	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	49	19.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	61	24.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	39	15.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	29	11.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	80	31.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	56	22.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	105	41.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	36	14.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	5	2.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	13.8	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	50	19.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	40	15.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	24	9.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	3.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	129	50.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	140	55.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	182	71.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	72	28.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	184	72.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE COLONIAL VISTA

Street Address: 625 OKANOGAN ST (P O BOX 2569)		City and State: WENATCHEE WA 98801	
Participation: MEDICAID SNF/ICF	# of Beds: 100	Type of Ownership: PROPRIETARY	Survey Date: 06/11/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 98	Medicare Residents: 0	Medicaid Residents: 52		
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	95	96.9	80.1	81.5
Dressing				
Residents requiring some or total assistance in dressing.	83	84.7	82.6	83.2
Toileting				
Residents requiring some or total assistance in toileting.	64	65.3	73.3	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	56	57.1	89.5	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	64	65.3	67.8	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	5.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	46	46.9	35.2	37.7
Completely bedfast residents.	0	0.0	1.5	3.4
Residents confined to chairs.	30	30.6	48.3	50.8
Residents requiring restraints.	41	41.8	40.5	41.3
Confused or disoriented residents.	97	99.0	57.1	58.4
Residents with bed sores.	5	5.1	6.4	7.1
Residents receiving special skin care.	14	14.3	28.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	8	3.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.9	518	5.5
Each resident is free from mental and physical abuse.	MET	4	1.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	4.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	102	40.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.4	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	3	1.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.8	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	10	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	168	66.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	120	47.2	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	49	19.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	61	24.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	39	15.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	29	11.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	80	31.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	56	22.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	105	41.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	36	14.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	5	2.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	13.8	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	50	19.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	15.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	24	9.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	3.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	129	50.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	140	55.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	182	71.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	72	28.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	184	72.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE PARKSIDE MANOR CONVALESCENT CENTER

Street Address:		City and State:	
1230 S MONITOR ST (P O BOX 2986)		WENATCHEE WA 98801	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID SNF/ICF	156	PROPRIETARY	07/14/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
142	0	118

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	132	93.0	80.1	81.5
Dressing				
Residents requiring some or total assistance in dressing.	133	93.7	82.6	83.2
Toileting				
Residents requiring some or total assistance in toileting.	119	83.8	73.3	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	106	74.6	89.5	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	117	82.4	67.8	68.2
Residents on individually written bowel and bladder retraining program.	10	7.0	5.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	74	52.1	35.2	37.7
Completely bedfast residents.	5	3.5	1.5	3.4
Residents confined to chairs.	99	69.7	48.3	50.8
Residents requiring restraints.	89	62.7	40.5	41.3
Confused or disoriented residents.	105	73.9	57.1	58.4
Residents with bed sores.	2	1.4	6.4	7.1
Residents receiving special skin care.	47	33.1	28.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	8	3.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.9	518	5.5
Each resident is free from mental and physical abuse.	MET	4	1.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	4.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	102	40.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.4	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	3	1.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.8	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	10	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	168	66.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	120	47.2	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	49	19.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	61	24.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	39	15.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	29	11.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	80	31.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	56	22.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	105	41.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	36	14.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	5	2.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	13.8	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	50	19.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	15.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	24	9.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	3.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	129	50.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	140	55.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	182	71.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	72	28.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	184	72.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE WOODLAND CONVALESCENT CENTER

Street Address:		City and State:	
310 FOURTH ST		WOODLAND WA 98674	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	62	PROPRIETARY	04/20/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
59	1	42		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	59	100	80.1	81.5
Dressing				
Residents requiring some or total assistance in dressing.	53	89.8	82.6	83.2
Toileting				
Residents requiring some or total assistance in toileting.	51	86.4	73.3	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	51	86.4	89.5	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	53	89.8	67.8	68.2
Residents on individually written bowel and bladder retraining program.	7	11.9	5.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	12	20.3	35.2	37.7
Completely bedfast residents.	2	3.4	1.5	3.4
Residents confined to chairs.	29	49.2	48.3	50.8
Residents requiring restraints.	31	52.5	40.5	41.3
Confused or disoriented residents.	14	23.7	57.1	58.4
Residents with bed sores.	1	1.7	6.4	7.1
Residents receiving special skin care.	3	5.1	28.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	8	3.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.9	518	5.5
Each resident is free from mental and physical abuse.	MET	4	1.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	4.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	102	40.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.4	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	3	1.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.8	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	10	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	168	66.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	120	47.2	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	49	19.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	61	24.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	39	15.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	29	11.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	80	31.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	56	22.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	105	41.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	36	14.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	5	2.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	13.8	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	50	19.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	15.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	24	9.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	3.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	129	50.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	140	55.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	182	71.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	72	28.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	184	72.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE CENTRAL CONVALESCENT

Street Address:		City and State:	
206 S TENTH AVE		YAKIMA WA 98902	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	104	NON-PROFIT PRIVATE	06/08/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:	
101	0	77	

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	95	94.1	80.1	81.5
Dressing				
Residents requiring some or total assistance in dressing.	93	92.1	82.6	83.2
Toileting				
Residents requiring some or total assistance in toileting.	79	78.2	73.3	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	77	76.2	89.5	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	62	61.4	67.8	68.2
Residents on individually written bowel and bladder retraining program.	4	4.0	5.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	20	19.8	35.2	37.7
Completely bedfast residents.	0	0.0	1.5	3.4
Residents confined to chairs.	50	49.5	48.3	50.8
Residents requiring restraints.	62	61.4	40.5	41.3
Confused or disoriented residents.	71	70.3	57.1	58.4
Residents with bed sores.	3	3.0	6.4	7.1
Residents receiving special skin care.	19	18.8	28.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	8	3.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.9	518	5.5
Each resident is free from mental and physical abuse.	MET	4	1.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	4.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	102	40.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.4	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	3	1.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.8	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	10	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	168	66.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	120	47.2	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	49	19.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	61	24.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	39	15.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	29	11.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	80	31.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	56	22.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	105	41.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	36	14.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	5	2.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	35	13.8	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	50	19.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	15.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	24	9.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	3.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	129	50.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	140	55.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	182	71.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	72	28.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	184	72.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE CHALET HEALTHCARE

Street Address:		City and State:	
115 N TENTH ST		YAKIMA WA 98901	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID SNF/ICF	109	PROPRIETARY	06/04/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
98	0	89		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	46	46.9	80.1	81.5
Dressing				
Residents requiring some or total assistance in dressing.	59	60.2	82.6	83.2
Toileting				
Residents requiring some or total assistance in toileting.	32	32.7	73.3	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	63	64.3	89.5	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	46	46.9	67.8	68.2
Residents on individually written bowel and bladder retraining program.	39	39.8	5.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	47	48.0	35.2	37.7
Completely bedfast residents.	0	0.0	1.5	3.4
Residents confined to chairs.	6	6.1	48.3	50.8
Residents requiring restraints.	18	18.4	40.5	41.3
Confused or disoriented residents.	40	40.8	57.1	58.4
Residents with bed sores.	2	2.0	6.4	7.1
Residents receiving special skin care.	27	27.6	28.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	8	3.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.9	518	5.5
Each resident is free from mental and physical abuse.	MET	4	1.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	4.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	102	40.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.4	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	3	1.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.8	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	10	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	168	66.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	120	47.2	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	49	19.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	61	24.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	39	15.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	29	11.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	80	31.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	56	22.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	105	41.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	36	14.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	5	2.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	13.8	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	50	19.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	15.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	24	9.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	3.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	129	50.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	140	55.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	182	71.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	72	28.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	184	72.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE CRESCENT CONVALESCENT CENTER

Street Address:		City and State:	
505 N FORTIETH AVE		YAKIMA WA 98902	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	122	PROPRIETARY	08/21/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
116	0	49		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	92	79.3	80.1	81.5
Dressing				
Residents requiring some or total assistance in dressing.	102	87.9	82.6	83.2
Toileting				
Residents requiring some or total assistance in toileting.	81	69.8	73.3	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	82	70.7	89.5	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	71	61.2	67.8	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	5.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	51	44.0	35.2	37.7
Completely bedfast residents.	1	0.9	1.5	3.4
Residents confined to chairs.	58	50.0	48.3	50.8
Residents requiring restraints.	46	39.7	40.5	41.3
Confused or disoriented residents.	78	67.2	57.1	58.4
Residents with bed sores.	8	6.9	6.4	7.1
Residents receiving special skin care.	32	27.6	28.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	8	3.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.9	518	5.5
Each resident is free from mental and physical abuse.	MET	4	1.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	11	4.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	102	40.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.4	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	3	1.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.8	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	10	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	168	66.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	120	47.2	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	49	19.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	61	24.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	39	15.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	29	11.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	80	31.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	56	22.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	105	41.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	36	14.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	5	2.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	13.8	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	50	19.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	15.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	24	9.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	3.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	129	50.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	140	55.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	182	71.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	72	28.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	184	72.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE FOUNTAINS CONVALESCENT CENTER

Street Address:		City and State:	
515 N 34TH AVENUE		YAKIMA WA 98904	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	82	PROPRIETARY	06/12/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
75	0	66

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	53	70.7	80.1	81.5
Dressing				
Residents requiring some or total assistance in dressing.	66	88.0	82.6	83.2
Toileting				
Residents requiring some or total assistance in toileting.	52	69.3	73.3	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	54	72.0	89.5	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	37	49.3	67.8	68.2
Residents on individually written bowel and bladder retraining program.	1	1.3	5.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	18	24.0	35.2	37.7
Completely bedfast residents.	0	0.0	1.5	3.4
Residents confined to chairs.	58	77.3	48.3	50.8
Residents requiring restraints.	23	30.7	40.5	41.3
Confused or disoriented residents.	44	58.7	57.1	58.4
Residents with bed sores.	5	6.7	6.4	7.1
Residents receiving special skin care.	35	46.7	28.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	8	3.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.9	518	5.5
Each resident is free from mental and physical abuse.	MET	4	1.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	4.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	102	40.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.4	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	3	1.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.8	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	10	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	168	66.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	120	47.2	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	49	19.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	61	24.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	39	15.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	29	11.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	80	31.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	56	22.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	105	41.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	36	14.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	5	2.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	13.8	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	50	19.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	15.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	24	9.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	3.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	129	50.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	140	55.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	182	71.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	72	28.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	184	72.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE GOOD SAMARITAN HEALTH CARE CENTER

Street Address: 702 N SIXTEENTH AVE		City and State: YAKIMA WA 98902	
Participation: MEDICAID SNF/ICF	# of Beds: 90	Type of Ownership: PROPRIETARY	Survey Date: 09/17/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 88	Medicare Residents: 0	Medicaid Residents: 54
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	71	80.7	80.1	81.5
Dressing				
Residents requiring some or total assistance in dressing.	86	97.7	82.6	83.2
Toileting				
Residents requiring some or total assistance in toileting.	77	87.5	73.3	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	57	64.8	89.5	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	77	87.5	67.8	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	5.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	17	19.3	35.2	37.7
Completely bedfast residents.	1	1.1	1.5	3.4
Residents confined to chairs.	55	62.5	48.3	50.8
Residents requiring restraints.	37	42.0	40.5	41.3
Confused or disoriented residents.	61	69.3	57.1	58.4
Residents with bed sores.	5	5.7	6.4	7.1
Residents receiving special skin care.	7	8.0	28.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	8	3.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.9	518	5.5
Each resident is free from mental and physical abuse.	MET	4	1.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	4.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	102	40.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.4	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	3	1.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.8	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	10	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	168	66.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	120	47.2	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	49	19.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	61	24.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	39	15.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	29	11.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical/ functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	80	31.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	56	22.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	105	41.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	36	14.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	5	2.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	13.8	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	50	19.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	15.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	24	9.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	3.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	129	50.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	140	55.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	182	71.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	72	28.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	184	72.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE RENAISSANCE CARE CENTER

Street Address:		City and State:	
4007 TIETON DRIVE		YAKIMA WA 98908	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID SNF/ICF	84	PROPRIETARY	12/29/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
48	0	36		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	42	87.5	80.1	81.5
Dressing				
Residents requiring some or total assistance in dressing.	33	68.8	82.6	83.2
Toileting				
Residents requiring some or total assistance in toileting.	28	58.3	73.3	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	26	54.2	89.5	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	23	47.9	67.8	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	5.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	13	27.1	35.2	37.7
Completely bedfast residents.	0	0.0	1.5	3.4
Residents confined to chairs.	11	22.9	48.3	50.8
Residents requiring restraints.	17	35.4	40.5	41.3
Confused or disoriented residents.	20	41.7	57.1	58.4
Residents with bed sores.	1	2.1	6.4	7.1
Residents receiving special skin care.	12	25.0	28.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	8	3.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.9	518	5.5
Each resident is free from mental and physical abuse.	MET	4	1.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	4.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	102	40.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.4	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	3	1.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.8	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	10	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	168	66.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	120	47.2	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	49	19.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	61	24.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	39	15.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	29	11.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	80	31.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	56	22.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	105	41.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	36	14.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	5	2.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	13.8	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	50	19.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	15.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	24	9.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	3.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	129	50.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	140	55.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	182	71.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	72	28.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	184	72.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE SUMMITVIEW MANOR

Street Address: 3905 KNOBEL		City and State: YAKIMA WA 98902	
Participation: MEDICAID SNF/ICF	# of Beds: 180	Type of Ownership: NON-PROFIT OTHER	Survey Date: 08/21/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 155	Medicare Residents: 0	Medicaid Residents: 105	
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	140	90.3	80.1	81.5
Dressing				
Residents requiring some or total assistance in dressing.	89	57.4	82.6	83.2
Toileting				
Residents requiring some or total assistance in toileting.	87	56.1	73.3	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	155	100	89.5	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	94	60.6	67.8	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	5.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	43	27.7	35.2	37.7
Completely bedfast residents.	1	0.6	1.5	3.4
Residents confined to chairs.	31	20.0	48.3	50.8
Residents requiring restraints.	86	55.5	40.5	41.3
Confused or disoriented residents.	86	55.5	57.1	58.4
Residents with bed sores.	3	1.9	6.4	7.1
Residents receiving special skin care.	23	14.8	28.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	8	3.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.9	518	5.5
Each resident is free from mental and physical abuse.	MET	4	1.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	4.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	102	40.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.4	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	3	1.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.8	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	10	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	168	66.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	120	47.2	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	49	19.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	61	24.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	39	15.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	29	11.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	80	31.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	56	22.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	105	41.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	36	14.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	5	2.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	13.8	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	50	19.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	15.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	24	9.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	3.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	129	50.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	140	55.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	182	71.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	72	28.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	184	72.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE YAKIMA CONVALESCENT CENTER

Street Address:		City and State:	
818 W YAKIMA AVE		YAKIMA WA 98902	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	93	PROPRIETARY	12/10/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
89	1	57

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	73	82.0	80.1	81.5
Dressing				
Residents requiring some or total assistance in dressing.	73	82.0	82.6	83.2
Toileting				
Residents requiring some or total assistance in toileting.	72	80.9	73.3	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	71	79.8	89.5	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	72	80.9	67.8	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	5.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	30	33.7	35.2	37.7
Completely bedfast residents.	2	2.2	1.5	3.4
Residents confined to chairs.	29	32.6	48.3	50.8
Residents requiring restraints.	52	58.4	40.5	41.3
Confused or disoriented residents.	54	60.7	57.1	58.4
Residents with bed sores.	5	5.6	6.4	7.1
Residents receiving special skin care.	88	98.9	28.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	8	3.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.9	518	5.5
Each resident is free from mental and physical abuse.	MET	4	1.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	4.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	102	40.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.4	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	3	1.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.8	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	10	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	168	66.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	120	47.2	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	49	19.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	61	24.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	39	15.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	29	11.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	80	31.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	56	22.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	105	41.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	36	14.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	5	2.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	13.8	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	50	19.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	15.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	24	9.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	3.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	129	50.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	140	55.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	182	71.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	72	28.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	184	72.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE CALDWELL HEALTH CENTER

Street Address:		City and State:	
23620 MARINE VIEW DRIVE SOUTH		ZENITH WA 98188	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	120	NON-PROFIT RELIGIOUS	11/25/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
119	2	37

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	99	83.2	80.1	81.5
Dressing				
Residents requiring some or total assistance in dressing.	103	86.6	82.6	83.2
Toileting				
Residents requiring some or total assistance in toileting.	94	79.0	73.3	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	119	100	89.5	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	79	66.4	67.8	68.2
Residents on individually written bowel and bladder retraining program.	10	8.4	5.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	48	40.3	35.2	37.7
Completely bedfast residents.	3	2.5	1.5	3.4
Residents confined to chairs.	73	61.3	48.3	50.8
Residents requiring restraints.	56	47.1	40.5	41.3
Confused or disoriented residents.	75	63.0	57.1	58.4
Residents with bed sores.	6	5.0	6.4	7.1
Residents receiving special skin care.	30	25.2	28.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	8	3.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.9	518	5.5
Each resident is free from mental and physical abuse.	MET	4	1.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	4.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	102	40.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.4	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	3	1.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.8	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	10	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	168	66.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	120	47.2	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	49	19.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	61	24.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	39	15.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	29	11.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	80	31.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	56	22.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	105	41.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	36	14.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	5	2.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	13.8	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	50	19.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	40	15.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	24	9.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	8	3.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	129	50.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	140	55.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	182	71.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	72	28.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	184	72.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

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HIGHSMITH 45-220

REF.

HD 7102 .U5N76 1987/88
Washington

Medicare/Medicaid nursing home
information.

REF.

HD 7102 .U5N76 1987/88
Washington

Medicare/Medicaid nursing home
information.

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